# PREA Facility Audit Report: Final

**Name of Facility:** Western Secure Treatment Unit
**Facility Type:** Juvenile
**Date Interim Report Submitted:** NA
**Date Final Report Submitted:** 04/24/2025

| Auditor Certification | |
|---|---|
| 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. | ☑ |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | ☑ |
| **Auditor Full Name as Signed:** Farooq Mallick | **Date of Signature:** 04/24/2025 |

| AUDITOR INFORMATION | |
|---|---|
| **Auditor name:** | Mallick, Asghar |
| **Email:** | afarooq.mallick@gmail.com |
| **Start Date of On-Site Audit:** | 03/18/2025 |
| **End Date of On-Site Audit:** | 03/19/2025 |

| FACILITY INFORMATION | |
|---|---|
| **Facility name:** | Western Secure Treatment Unit |
| **Facility physical address:** | 12 Dakota Drive , Emlenton, Pennsylvania - 16373 |
| **Facility mailing address:** | Pennsylvania |

| Primary Contact |
|---|

| | |
|---|---|
| **Name:** | Michael Both |
| **Email Address:** | MBOTH@PA.GOV |
| **Telephone Number:** | 7173631024 |

| **Superintendent/Director/Administrator** | |
|---|---|
| **Name:** | James Town |
| **Email Address:** | c-jtown@pa.gov |
| **Telephone Number:** | 724-750-8052 |

| **Facility PREA Compliance Manager** | |
|---|---|
| **Name:** | |
| **Email Address:** | |
| **Telephone Number:** | |

| **Facility Health Service Administrator On-Site** | |
|---|---|
| **Name:** | Chelsie McNany |
| **Email Address:** | Chelsie.McNany@rop.com |
| **Telephone Number:** | 724-750-8050 ext. 80 |

| **Facility Characteristics** | |
|---|---|
| **Designed facility capacity:** | 60 |
| **Current population of facility:** | 36 |
| **Average daily population for the past 12 months:** | 34 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **What is the facility's population designation?** | Men/boys |

| | |
|---|---|
| **In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)** | |
| **Age range of population:** | 14-20 |
| **Facility security levels/resident custody levels:** | Secure |
| **Number of staff currently employed at the facility who may have contact with residents:** | 125 |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | 8 |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | 10 |

| **AGENCY INFORMATION** | |
|---|---|
| **Name of agency:** | Pennsylvania Bureau of Juvenile Justice Services |
| **Governing authority or parent agency (if applicable):** | Pennsylvania Department of Human Services |
| **Physical Address:** | 625 Forster Street , Harrisburg, Pennsylvania - 17120 |
| **Mailing Address:** | |
| **Telephone number:** | |

| **Agency Chief Executive Officer Information:** | |
|---|---|
| **Name:** | Kevin Seabrook |

| | |
|---|---|
| **Email Address:** | kseabrook@pa.gov |
| **Telephone Number:** | 570-271-4734 |

| **Agency-Wide PREA Coordinator Information** | | | |
|---|---|---|---|
| **Name:** | Mike Both | **Email Address:** | mboth@pa.gov |

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

| **Number of standards exceeded:** | |
|---|---|
| 1 | • 115.313 - Supervision and monitoring |
| **Number of standards met:** | |
| 42 | |
| **Number of standards not met:** | |
| 0 | |

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

| | |
|---|---|
| **1. Start date of the onsite portion of the audit:** | 2025-03-18 |
| **2. End date of the onsite portion of the audit:** | 2025-03-19 |

### Outreach

| | |
|---|---|
| **10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?** | (●) Yes<br>( ) No |
| **a. Identify the community-based organization(s) or victim advocates with whom you communicated:** | This auditor reached out to a representative from Butler Memorial Hospital to confirm that there is a current MOU in place to provide forensic examination free of cost to all youth. This auditor also spoke to a representative from Passages which is a subsidiary of Pennsylvania Coalition Against Rape (PCAR) to confirm there is a current MOU in place to provide a victim's advocate and support services. A representative from the Pennsylvania State Police was contacted to confirm there is a current MOU in place to conduct criminal investigations. |

## AUDITED FACILITY INFORMATION

| | |
|---|---|
| **14. Designated facility capacity:** | 60 |
| **15. Average daily population for the past 12 months:** | 34 |
| **16. Number of inmate/resident/detainee housing units:** | 5 |

| | |
|---|---|
| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ○ Yes<br>○ No<br>◉ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

| | |
|---|---|
| **18. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 26 |
| **19. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **20. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:** | 5 |
| **21. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **22. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:** | 0 |

| | |
|---|---|
| **23. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **24. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **25. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **26. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **27. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:** | 1 |
| **28. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):** | The boys who were interviewed included Caucasian, Black, and Hispanic residents from Pennsylvania, but mainly from Philadelphia. Their age range was from 16 yrs. to 18 yrs. Their length of stay ranged from 2 weeks to 8 months. There were five (5) cognitively disabled youth, and one (1) youth who disclosed prior victimization who were interviewed. |

| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
|---|---|
| **30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:** | 125 |
| **31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 10 |
| **32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 8 |
| **33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:** | Staff consisted of Caucasian, Black, and Hispanic male and females. Length of employment ranged from 1 months to 1.5 years. Staff were interviewed from all 3 shifts and all departments. An educational contractor was interviewed. No volunteers were available for interview. The majority of the staff lived within an hour of the facility. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

**Random Inmate/Resident/Detainee Interviews**

| | |
|---|---|
| **34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 10 |

| | |
|---|---|
| **35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☑ Age<br>☑ Race<br>☑ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☑ Length of time in the facility<br>☑ Housing assignment<br>☐ Gender<br>☐ Other<br>☐ None |
| **36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | The boys who were interviewed included Caucasian, Black, and Hispanic residents from Pennsylvania, but mainly from Philadelphia. Their age range was from 16 yrs. to 18 yrs. Their length of stay ranged from 2 weeks to 8 months. There were five (5) cognitively disabled youth, and one (1) youth who disclosed prior victimization who were interviewed. |
| **37. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | ◉ Yes<br>○ No |
| **38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | The boys who were interviewed included Caucasian, Black, and Hispanic residents from Pennsylvania, but mainly from Philadelphia. Their age range was from 16 yrs. to 18 yrs. Their length of stay ranged from 2 weeks to 8 months. There were five (5) cognitively disabled youth, and one (1) youth who disclosed prior victimization who were interviewed. Residents were interviewed from all housing units and were also interviewed from various parts of the state. |

| Targeted Inmate/Resident/Detainee Interviews | |
|---|---|
| **39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:** | 6 |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | |
| **40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no physically disabled residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |

| | |
|---|---|
| **41. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no LEP residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **42. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

| | |
|---|---|
| **42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no visually impaired residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **43. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no hearing impaired residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **44. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |

| | |
|---|---|
| **44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no LEP residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **45. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 0 |
| **45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no LGBTI residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **46. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 0 |

| | |
|---|---|
| **46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no transgender or intersex residents at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |
| **47. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:** | 0 |
| **47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, and medical files in JJACS to confirm there were no residents who reported sexual abuse in the facility during the on-site audit. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teacher, random staff, and residents. |

| | |
|---|---|
| **48. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:** | 1 |
| **49. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:** | 0 |
| **49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | This auditor reviewed resident case files, clinical, risk-assessments, and medical files in JJACS to confirm there were no residents placed in segregation at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teachers, random staff, and residents. This auditor toured the entire facility to confirm there were no rooms used for segregation or isolation. |

| | |
|---|---|
| **50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | This auditor reviewed resident case files, clinical, risk-assessments, and medical files in JJACS to confirm there were no residents placed in segregation at the facility. This was also confirmed during interviews with Facility Director, Clinical Director, nurse, Facility PREA Compliance Manager, teachers, random staff, and residents. This auditor toured the entire facility to confirm there were no rooms used for segregation or isolation |
| **Staff, Volunteer, and Contractor Interviews** | |
| **Random Staff Interviews** | |
| **51. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |
| **52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☑ Length of tenure in the facility<br>☑ Shift assignment<br>☐ Work assignment<br>☑ Rank (or equivalent)<br>☐ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **53. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | Staff consisted of Caucasian, Black, and Hispanic male and females. Length of employment ranged from 1 months to 1.5 years. Staff were interviewed from all 3 shifts, all housing units, and all departments. The majority of the staff lived within an hour of the facility. |

| Specialized Staff, Volunteers, and Contractor Interviews | |
|---|---|
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| **55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 14 |
| **56. Were you able to interview the Agency Head?** | (●) Yes<br>( ) No |
| **57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **58. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **59. Were you able to interview the PREA Compliance Manager?** | (●) Yes<br>( ) No<br>( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

| | |
|---|---|
| **60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☑ Education and program staff who work with youthful inmates (if applicable)<br><br>☑ Medical staff<br><br>☑ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☐ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☐ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☑ First responders, both security and non-security staff<br><br>☑ Intake staff |

| | |
|---|---|
| | ☐ Other |
| **61. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **62. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ◉ Yes<br>○ No |
| **62. Enter the total number of CONTRACTORS who were interviewed:** | 1 |
| **62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Security/detention<br>☑ Education/programming<br>☐ Medical/dental<br>☐ Food service<br>☐ Maintenance/construction<br>☐ Other |
| **63. Provide any additional comments regarding selecting or interviewing specialized staff.** | Staff were male and female ranging in their employment service from 8 months to 28 years. They were Caucasian, African American, and Hispanic. Staff were selected from all departments and positions. |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

| | |
|---|---|
| **64. Did you have access to all areas of the facility?** | (●) Yes<br>( ) No |
| **Was the site review an active, inquiring process that included the following:** | |
| **65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?** | (●) Yes<br>( ) No |
| **66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?** | (●) Yes<br>( ) No |
| **67. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **68. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |

| | |
|---|---|
| **69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).** | This auditor had access to the entire facility and during the tour observed residents on housing floors, in the kitchen, and in classrooms. This auditor observed numerous grievance boxes for staff, visitors, and residents throughout the facility. Also observed were PREA posters with the hotline number and Passages (PCAR) number posted throughout the facility. |

### Documentation Sampling

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

| | |
|---|---|
| **70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?** | (●) Yes<br>( ) No |
| **71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).** | This auditor reviewed all resident case files and risk assessments in JJACS. Reviewed logbooks, unannounced rounds log, training logs, completed SAIR forms, completed monitor retaliation forms, staffing plan, staff schedules, staff background checks, and training curriculum. Resident PREA educational forms on intake and Day 7, and 6-month re-assessments that were signed by the residents were reviewed. |

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual harassment** | 1 | 1 | 1 | 1 |
| **Total** | 1 | 1 | 1 | 1 |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 1 | 0 |
| **Staff-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Total** | 0 | 0 | 1 | 0 |

### Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual harassment** | 0 | 0 | 1 | 0 |
| **Total** | 0 | 0 | 1 | 0 |

## Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

### Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| **78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:** | 1 |

| | |
|---|---|
| **79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any sexual abuse investigation files) |
| **Inmate-on-inmate sexual abuse investigation files** | |
| **80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 1 |
| **81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **Staff-on-inmate sexual abuse investigation files** | |
| **83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 0 |
| **84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

| | |
|---|---|
| **85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| **Sexual Harassment Investigation Files Selected for Review** | |
| **86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ◉ Yes<br>○ No<br>○ NA (NA if you were unable to review any sexual harassment investigation files) |
| **Inmate-on-inmate sexual harassment investigation files** | |
| **88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

| Staff-on-inmate sexual harassment investigation files | |
|---|---|
| **91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | The two allegations of sexual abuse and sexual harassment were reviewed by this auditor during pre-on-site and on-site portions of the audit. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

| | |
|---|---|
| **95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ( ) Yes<br>(●) No |

| Non-certified Support Staff | |
|---|---|
| **96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

| AUDITING ARRANGEMENTS AND COMPENSATION | |
|---|---|
| **97. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

| Standards |
|---|
| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(requires corrective actions) |
| **Auditor Discussion Instructions** |
| Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. |

| 115.311 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The Pennsylvania Bureau of Juvenile Justice Services (BJJS) Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment policy is committed to the prevention and elimination of sexual abuse and sexual harassment within their facility/facilities through compliance with the Prison Rape Elimination Act of 2003. BJJS [Western Secure Treatment Unit (WSTU)] is committed to the equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and youth perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the agency's training efforts with residents, staff, volunteers, and contractors.<br><br>BJJS has a designated PREA Coordinator who reports directly to the Human Services Program Executive 2. The official title is BJJS PREA Coordinator. The Agency PREA Coordinator oversees seven (7) Facility PREA Compliance Managers for each of the |

| | |
|---|---|
| | seven (7) facilities that BJJS operates. This auditor reviewed the Agency Organizational Chart, confirmed the Agency PREA Coordinator's position, and noted that he reports directly to the Human Services Program Executive 2 for any PREA related issues within the agency. He is knowledgeable of the PREA standards and has stated that he is committed to PREA and implementing PREA at all BJJS facilities including WSTU. The Agency PREA Coordinator also reported that he has the support needed and sufficient time to develop, implement, and oversee the agency's efforts towards PREA compliance in both agency facilities and to fulfill the PREA responsibilities. He was interviewed by this auditor on March 18, 2025.<br><br>WSTU has a designated Facility PREA Compliance Manager. His official title is Facility Compliance Manager at WSTU. The Facility PREA Compliance Manager has served in this role for approximately 1 year and is knowledgeable of the PREA standards. This is his first PREA audit as the Facility PREA Compliance Manager. He was interviewed by this auditor during the on-site portion of this audit on March 18, 2025 and stated he has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards.<br><br>This is the first PREA audit for Western Secure Treatment Unit (WSTU). The facility opened in November 2023. It is a boys' facility with a capacity of sixty (60) beds with five (5) housing units. The facility is operated by Rite of Passage but under the oversite of the Pennsylvania Bureau of Juvenile Justice Services.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• BJJS Organizational Chart<br>• Western Secure Treatment Unit Organizational Chart<br>• Pre-audit Questionnaire<br><br>Interviews:<br><br>• Interview with Agency PREA Coordinator<br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager |

| **115.312** | **Contracting with other entities for the confinement of residents** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | WSTU does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interview with the Agency PREA |

| | |
|---|---|
| | Coordinator and Program Director. As a result of WSTU not contracting for the confinement of its residents with other agencies/entities, there were no contracts for this auditor to review.<br><br>Reviewed documentation to determine compliance:<br><br>• Pre-Audit Questionnaire<br><br>Interviews:<br><br>• Interview with Agency PREA Coordinator<br>• Interview with Program Director |

| **115.313** | **Supervision and monitoring** |
|---|---|
| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires the facility to develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) must be submitted to the Program Director and the Agency PREA Coordinator on an annual basis. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:<br><br>1. Generally accepted juvenile detention and correctional/secure residential practices;<br>2. Any judicial findings of inadequacy;<br>3. Any findings of inadequacy from federal investigative agencies;<br>4. Any findings of inadequacy from internal or external oversight bodies;<br>5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated);<br>6. Composition of the different facilities;<br>7. Number and placements of supervisory staff;<br>8. Programs occurring on each shift;<br>9. Relevant laws, regulations, and standards;<br>10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse; and<br>11. Minimum staff to youth ratios must be 1 to 8 during waking hour and 1 to 16 during sleeping hours. |

| | |
|---|---|
| | Any deviations from the Staffing Plan due to limited and discrete exigent circumstances must be documented and retained. All deviations must also be communicated to the Program Director and the Facility PREA Compliance Manager. Only security staff must be included in those reports. There have been no instances of not meeting the ratio and this was confirmed by interview of the Program Director and by review of the facility staff schedules.<br><br>The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) at WSTU also addresses the facility's surveillance system, staffing plan, and requirements. The plan is reviewed on an annual basis and was reviewed by the Agency PREA Coordinator on January 17, 2025. The facility is currently budgeted for ninety-one (91) direct care staff; eighty-nine (89) positions are currently filled.<br><br>WSTU is equipped with one hundred and fifty-two (152) video surveillance cameras (109 indoor cameras and 43 outdoor cameras). The video surveillance system provides video coverage of all housing units, program areas, recreational areas, dining room, hallways, and exit doors. Recordings from these devices remain on a secure server for approximately thirty (30) days. The Program Director and Assistant Program Director have access to the video surveillance system on a computer in the server office which can be viewed and/or reviewed at any point during the day. Video from all incidents is reviewed by the Director and retained on a SharePoint drive. It was noted during interview with the Assistant Program Director that random video surveillance is reviewed by him on a weekly basis. It was noted that the video surveillance system was installed November 2023. Interview the Program Director confirmed the video surveillance system is inspected on an annual basis.<br><br>b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staffing Plan.<br><br>The Program Director reported that there have been no deviations from the staffing plan during the past 12 months. The Program Director also reported that in the event administrative staff at WSTU feel staffing ratios cannot be maintained during an upcoming Shift, staff would be held over and paid overtime to meet the ratios. Interviews with the Program Director and Facility PREA Compliance Manager revealed that staffing is monitored shift to shift by the Supervisor and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor and confirmed the facility is exceeding minimum ratios daily.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "minimum staff to youth ratios must be 1 to 8 during waking hours and 1 to 16 during sleeping hours. Any deviations from the plan due to limited and discrete exigent circumstances must be documented and is also communicated to the Facility Compliance Manager and the |

Program Director."

The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) states the facility runs at a minimum of 1:12 staff to resident ratio during Shift 1 (11:00pm to 7:00am) and a minimum of 1:6 staff to resident ratio during Shift 2 (7:00am to 3:00pm) and Shift 3 (3:00pm to 11:00pm). These are the standards set by the Pennsylvania Department of Human Services 3800 Child Care Regulations. It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being exceeded on a regular basis at the facility. During the on-site portion of the audit, there were a total of twenty-six (26) residents residing at the facility. There has been a minimum of three (3) staff assigned to each living unit during Shift 2 and Shift 3, and a minimum of two (2) staff assigned to each living unit during Shift 1 to ensure proper supervision of the residents. During the on-site portion of the audit, this auditor observed four (4) staff on each housing unit. This auditor observed ratios of 1:3 on each housing unit during the on-site portion of the audit, thus exceeding the 1:8 PREA standard requirement and the 1:6 ratio set by the Pennsylvania Department of Human Services 3800 Child Care Regulations.

d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Each facility's PREA Compliance Manager will schedule and conduct an annual (or more frequently, as necessary) facility review using the Staffing Plan. A review of the Facility Operations Vulnerability Assessment confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Program Director on January 17, 2025. The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) was also reviewed and approved by the Agency PREA Coordinator.

e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states management staff shall conduct and document unannounced rounds, at a minimum of twice each month (one during waking shift and one during sleeping shift) at each facility, to identify and deter staff sexual abuse and/or sexual harassment. All rounds shall be documented using the Unannounced Rounds Tracking Log. Staff is prohibited from alerting other staff members or residents that rounds are occurring.

A review of Unannounced Rounds Logs and staff interviews confirmed that unannounced rounds are conducted by the Assistant Program Director, Facility Compliance Manager, and Shift Supervisors at WSTU. The Facility Compliance Manager and Assistant Program Director who conducted unannounced rounds were interviewed and were able to discuss how they complete the unannounced rounds, assure minimum ratios were being met, and their inspections of the facility are completed. The Facility Compliance Manager and Assistant Program Director said that they enter the facility from the front entrance and listen to radio transmissions to see if staff are alerting each other. They go into the Control Room and look at the video monitors to see staff and resident locations. They look for staff positioning, read logbooks for accuracy, and note the tone of the unit. The unannounced rounds are random by selecting different times of day/night and days of the week; and the

| | |
|---|---|
| | order of which housing unit they visit first. This auditor was able to review the Unannounced Rounds Tracking Log to confirm that unannounced rounds were being completed minimum of twice per month (one during waking hours, once during sleeping hours, holidays, and weekends) during the past 12 months.<br><br>Review of documentation and proof to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• WSTU staff schedules<br>• Unannounced Rounds Tracking Log<br>• Resident Roster<br>• WSTU Annual Vulnerability Assessment (Video Surveillance and Staffing Plan)<br>• Locations of video surveillance cameras (interior and exterior)<br>• Tour of the facility<br><br>Interviews:<br><br>• Interview with Assistant Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff from all three (3) shifts<br>• Interviews with 10 randomly selected residents |

| **115.315** | **Limits to cross-gender viewing and searches** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 7.10B, Resident Searches contain the necessary requirements for this standard. It prohibits staff from conducting of cross gender searches and that the youth may only be searched by staff of the same gender. All searches must be conducted with a witness. The policy prohibits any pat down searches by any staff.<br><br>The Pennsylvania Bureau of Juvenile Justice Services Policy 7.10B, Resident Searches prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner and most could candidly discuss the search policy for such a resident. |

| | |
|---|---|
| | Staff and residents interviewed supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at WSTU. During interviews, staff could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by medical staff or non-medical staff at WSTU.<br><br>Interviews with residents, staff, Clinical Director, Program Director, Assistant Program Director, and the Facility PREA Compliance Manager confirmed there have been no cross-gender pat searches of residents during the past 12 months at WSTU. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.<br><br>Staff interviewed reported that it is against WSTU policy to conduct any cross-gender pat search. Staff and residents interviewed confirmed there have been no cross-gender pat searches conducted at WSTU.<br><br>d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Staff shall enable residents to shower, perform bodily functions, and change clothing without staff of either gender viewing their buttocks or genitalia, except in exigent circumstances.”<br><br>All residents and staff stated that all staff of the opposite gender announce themselves by saying “female on the unit” when entering a housing unit. This was witnessed by this auditor during the tour of the facility. All residents stated that they shower alone, and the showers are monitored by a staff member of the same gender. The residents stated that they have the privacy to shower, change their clothes, and use the bathroom without any staff watching them. Transgender and intersex residents would shower alone according to the policy and interviews. This auditor observed gender announcement signs posted on each door leading to the housing units.<br><br>e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Staff are prohibited from searching or physically examining a Transgender or Intersex resident for the sole purpose of determining the resident’s genital status.”<br><br>Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having a conversation with the resident, reviewing medical records, and reviewing the case history of the resident. There were no transgender residents admitted into the facility during the past 12 months. There were no transgender residents residing at WSTU during the on-site portion of this audit.<br><br>According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during interviews with the Program Director, Facility PREA Compliance Manager, staff, and |

| | |
|---|---|
| | residents during the on-site portion of this audit.<br><br>f) The staff training curriculums “PREA Employee Training” includes the searching of residents, including cross-gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. All staff are required to participate in and complete these trainings upon hire. Staff interviewed were able to describe these trainings to this auditor and discuss key points covered during the trainings during interviews with this auditor.<br><br>Reviewed documentation to confirm compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Staff Training Curriculum<br>• Staff Training Logs<br>• Tour of facility<br><br>Interviews:<br><br>• Interview with the Program Director<br>• Interview with Assistant Program Director<br>• Interview with the Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents |

| **115.316** | **Residents with disabilities and residents who are limited English proficient** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Residents with disabilities (including those who have intellectual, psychiatric, or speech disabilities) shall have equal opportunity to all aspects of WSTU efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication, providing them interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, WSTU shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities and/or limited reading skills.”<br><br>This auditor interviewed five (5) cognitively disabled residents during the on-site |

| | |
|---|---|
| | portion of this audit. These residents confirmed their needs are being met and an intake staff took the time to explain the materials and answer any questions that they had, and anytime they do not comprehend something, they know they can seek assistance from a staff, and they will take the time to review the material they do not understand to ensure they are able to comprehend that material. During an interview with the Facility PREA Compliance Manager, he noted any disabled resident residing in the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse. It was noted while reviewing the resident roster and resident files with the Facility PREA Compliance Manager that there were seventeen (17) youth residing at the facility during the on-site portion of this audit who had some sort of cognitive disability (including residents identified as Special Education or having a learning disability).<br><br>b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Residents, who are limited in English proficiency, shall have equal opportunity to all the BJJS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, in accordance with BJJS Policy 1.12 Services for Individuals with Limited English Proficiency."<br><br>The PREA brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. PREA posters in the living units, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.<br><br>In addition, Limited English Proficient (LEP) interpreters are also available through Propio LS, LLC. This auditor was provided a comprehensive list of LEP liaisons that are available to residents at WSTU. The Pennsylvania Bureau of Juvenile Justice Services Policy 1.12, Program Management states that each facility will be assigned a LEP Coordinator to provide services for individuals with LEP. An LEP Accommodation Plan shall be initiated prior to Master Case Planning Conference and reviewed at each Multi-Disciplinary Team Meeting. All staff are required to complete BJJS approved LEP training annually.<br><br>There were no limited English proficient residents residing at WSTU during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview. It was also confirmed during an interview with the Facility PREA Compliance Manager and a review of resident files that there have been no limited English proficient residents admitted into the facility during the past 12 months.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "BJJS shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first response duties, or the investigation of the resident's allegations."<br><br>Interviews with staff confirmed that residents are not used as interpreters. In |

| | |
|---|---|
| | addition, it was confirmed during interviews with staff, the Program Director, and Facility PREA Compliance Manager that there have been no circumstances during the past 12 months at WSTU where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters and resources available for the residents through Propio LS, LLC. Staff stated that they have not used the interpreting services during the past twelve (12) months, but are aware of the interpreting service phone number if ever needed. They also provide Braille for the blind residents and a hearing specialist for the deaf residents when needed.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.12, Program Management<br>• Contract with Propio LS, LLC<br>• English and Spanish Reporting Posters<br>• PREA Brochures (English and Spanish)<br>• Juvenile PREA Intake Orientation Checklist<br>• Staff LEP training<br>• Tour of the facility<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents<br>• Interviews with five (5) cognitively disabled residents |

| **115.317** | **Hiring and promotion decisions** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment (criminal history screening) states, “BJJS shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents who:<br><br>1. Has engaged in sexual abuse in prison, jail, lockup, community confinement |

facility, juvenile facility, or other institution.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force or coercion; or if the victim did not consent or was unable to consent or refused; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described above

BJJS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of a contractor, that may have contact with residents."

The practice of conducting background checks for all prospective employees prior to employment was confirmed during an interview with Human Resource Manager as well as reviewing twelve (12) randomly selected employee files. All employee files reviewed by this auditor had the appropriate background checks.

c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Before hiring new employees who may have contact with residents, BJJS shall:

1. Perform a criminal background check
2. Consult with any child abuse registry maintained by the State or locality in which the employee would work (ChildLine)
3. Make its best effort to contact all prior institutional employees for information on substantiated allegations of sexual abuse or any allegation of resignation during a pending investigation of an allegation of sexual abuse, consistent with Federal, State, and local laws."

During the past 12 months, there were one hundred and twenty-five (125) employees hired at BJJS who may have contact with residents. This auditor reviewed twelve (12) randomly selected staff files contained in the above-mentioned background information. This was also confirmed during an interview with Human Resource Manager. In addition, the Agency PREA Coordinator was able to describe the agency's hiring and promotion process in detail to this auditor.

d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Contractor agencies shall ensure all criminal background checks are conducted and documented prior to service for employees who may have contact with residents. Additionally, background checks will be completed no less than every five (5) years. Proof of criminal background checks shall be provided to BJJS."

During the past 12 months, there were eight (8) contractors and ten (10) volunteers approved to enter WSTU to have contact with residents. This auditor requested and was provided random background checks for contractors and volunteers to enter the facility to confirm compliance with this standard.

e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance

| | |
|---|---|
| | of Sexual Abuse and/or Sexual Harassment states, “BJJS shall conduct all criminal background checks no less than every five (5) years for current employees.”<br><br>In addition, the policy states, “BJJS shall ensure all criminal background checks are conducted prior to service, for educational staff assigned to WSTU.”<br><br>Background checks will be completed no less than every five (5) years.<br><br>During interviews with Human Resource Manager and the Agency PREA Coordinator, it was noted that when a person is hired at WSTU, their name is registered in a national database that tracks any contacts with law enforcement agencies. If an employee is arrested anywhere in the United States, a notification is immediately sent to BJJS and they, in turn, notify the facility. Checks are made to the statewide Child Abuse History Certification every five (5) years for current employees and any employee eligible for promotion. This auditor was able to review twelve (12) randomly selected staff files to confirm the above-mentioned practice has been implemented and is being adhered to.<br><br>f) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes applicants are required to report their application for employment any arrests that may impact their ability to work with youth. Applicants are asked to self-disclose any prior history of offenses related to sexual offenses for hiring and/or promotions.<br><br>g) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Material omission regarding such misconduct or the provision of materially false information shall be grounds for termination.”<br><br>This screening process noted above was confirmed during an interview with Human Resource Manager as well as reviewing twelve (12) randomly selected employees background checks. The employment application allows prospective employees to disclose their criminal history prior to a background check being completed.<br><br>Human Resource Manager noted that when requested, BJJS does provide information on substantiated or allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Review of twelve (12) randomly selected staff files<br>• Review of Contractors and Volunteers Background Checks<br><br>Interviews: |

| | |
|---|---|
| | • Interview with the PREA Coordinator<br>• Interview with the Human Resource Manager |

| 115.318 | Upgrades to facilities and technologies |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) WSTU develops a Staffing Plan on an annual basis (updated on January 17, 2025, by the Program Director). The facility's most recent Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) was provided to this auditor prior to the on-site portion of this audit and was confirmed during the interview with the Program Director during the on-site portion of this audit.<br><br>Western Secure Treatment Unit opened in November 2023. There have been no expansions or modifications of the facility since it opened. The video surveillance was installed on November 2023.<br><br>Through interviews with the Agency Head designee, Agency PREA Coordinator, and the Program Director, it was confirmed that if there are any additional plans for expansion or modifications at WSTU, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.<br><br>b) The Video Surveillance and Staffing Plan noted there were one hundred and fifty-two (152) cameras (109 interior cameras and 43 exterior cameras). The facility has a video surveillance system which provides coverage of all housing units, hallways, recreational areas, dining room, and educational classrooms. Any modifications, upgrades, expansions to the facility will include consideration of such design, acquisition, expansion, or modification will impact or enhance the ability to protect residents from sexual abuse and/or sexual harassment. This was confirmed during interviews with the Program Director and Facility PREA Compliance Manager.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• WSTU Annual Vulnerability Assessment (Video Surveillance and Staffing Plan)<br>• Tour of the facility<br><br>Interviews: |

| | |
|---|---|
| | • Interview with Agency Head designee<br>• Interview with Facility PREA Compliance Manager<br>• Interview with Program Director |

| 115.321 | Evidence protocol and forensic medical examinations |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | BJJS Investigators conduct administrative investigations for sexual abuse and sexual harassment. All allegations are also reported to ChildLine. An investigator from the Butler County Children and Youth conducts administrative investigations along with BJJS Investigators. A representative from the Butler County Children and Youth was contacted and stated that all agents who conduct investigations at WSTU have been trained in uniform evidence protocol. The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "All allegations of sexual abuse and/or sexual harassment shall be referred for investigation by law enforcement unless the allegation does not involve potentially criminal behavior." Pennsylvania State Police are responsible for conducting criminal investigations. A representative from the Pennsylvania State Police was contacted and he verified this process. WSTU has a MOU with Pennsylvania State Police which was verified by the auditor.<br><br>a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "The protocol shall be developmentally appropriate for youth and shall be adapted from a comprehensive and authoritative proceedings and criminal prosecutions."<br><br>b) The Program Director, Facility PREA Compliance Manager, Clinical Director, and nurse stated during their interviews that Butler Memorial Hospital is where a resident would be transported for a forensic examination by a SANE/SAFE. WSTU has a Memorandum of Understanding with Butler Memorial Hospital that confirms Butler Memorial Hospital will provide a forensic examination conducted by a Sexual Assault Nurse Examiner or a similarly credentialed examiner with the patient's consent. This examiner will collect and maintain the integrity of evidence collected during the examination for law enforcement. Butler Memorial Hospital will also contact the Pennsylvania Coalition Against Rape (PCAR), Passages to send an advocate to Butler Memorial Hospital.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, that WSTU "offers residents who experience sexual abuse access to forensic medical examination, without financial cost, where evidentiary or medically appropriate." |

In reviewing documentation, there were no incidents of sexual abuse at WSTU during the past 12 months that involved penetration and required a resident to be transported to Butler Memorial Hospital for a forensic examination by a SANE/SAFE.

d) The Agency PREA Coordinator provided this auditor with a Memorandum of Understanding with Passages that states a victim advocate would be dispatched to the hospital to provide rape crisis counseling and advocacy services to the victim.

A representative from Passages was interviewed via phone by this auditor and confirmed an advocate would respond to Butler Memorial Hospital to provide rape counseling, emotional support, and advocacy services to any victim of sexual abuse.

e) WSTU has a Memorandum of Understanding with Passages which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This auditor was provided a copy of the Memorandum of Understanding with Passages to review prior to the on-site portion of this audit. In addition, this auditor was able to interview a representative from Passages to confirm the services listed in the Memorandum of Agreement are available to any resident victim of sexual abuse at WSTU.

f) BJJS and the Butler County Children and Youth conduct sexual abuse and sexual harassment administrative investigations. All alleged incidents of sexual abuse and sexual harassment which may be criminal in nature are reported to the Pennsylvania State Police.

An interview with a representative from Pennsylvania State Police confirmed this agency complies with all PREA investigative standards when completing an investigation at WSTU.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Butler Memorial Hospital
- MOU with the Pennsylvania Coalition Against Rape (PCAR)
- MOU with Passages
- MOU with Pennsylvania State Police

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Program Director
- Interview with the Facility PREA Compliance Manager
- Interview with nurse
- Interview with representative from Butler Memorial Hospital
- Interview with representative from Passages

| | |
|---|---|
| | • Interview with representative from Pennsylvania State Police |

| 115.322 | Policies to ensure referrals of allegations for investigations |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that any reports (direct, indirect, third party) received involving sexual abuse and/or sexual assault shall be immediately called into ChildLine. The Butler County Children and Youth will investigate all administrative allegations of sexual abuse and/or sexual harassment. BJJS Policies 1.14, 1.06B, and 1.09D all meet the requirements of this standard. It requires that all allegations of sexual abuse and sexual harassment be investigated. It requires that all allegations that may be criminal in nature be referred to law enforcement and provides clear guidelines for when BJJS may conduct an administrative investigation once a referral to law enforcement has been made. All BJJS staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law.<br><br>b) As noted in the Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, all allegations of sexual abuse and sexual harassment are referred to ChildLine for investigation. Interviews with the Program Director and Facility PREA Compliance Manager confirmed that during an open investigation, communication is maintained between the Butler County Children and Youth and WSTU through telephone calls, emails, and on-site visits. An interview with a representative from the Butler County Children and Youth also confirmed these statements.<br><br>Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the agency website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas. These posters were observed by this auditor during the tour of the facility.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that the agency shall request the investigating agency conduct investigations in compliance with PREA standards.<br><br>A representative from the Butler County Children and Youth was contacted and stated her agency completes thorough investigations on each incident and sends a detailed report to the Program Director noting their findings, determinations, and recommendations at the completion of each investigation. The Program Director noted that following the facility receiving an investigative report from the Butler |

| | |
|---|---|
| | County Children and Youth indicating an Unsubstantiated or Substantiated determination regarding a sexual abuse investigation, a PREA Sexual Abuse Incident Review is conducted by the Sexual Abuse Incident Review Team and documented by the Facility Compliance Manager.<br><br>There was one (1) allegation of staff sexual misconduct that was reported to ChildLine and investigated by the Butler County Children and Youth, Pennsylvania State Police, and BJJS Investigator. The allegation was Unsubstantiated. The staff was terminated from employment for violation of the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.<br><br>All policies and procedures required by this PREA standard, and the Butler County Children and Youth, are in place at WSTU. Interviews with the Program Director, Facility PREA Compliance Manager, and the BJJS Investigator stated that all incidents are immediately reported, investigated, and documented.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.09D, Management of Investigations<br>• MOU with Pennsylvania State Police<br>• Agency Website<br>• Investigative Report<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with representative from Butler County Children and Youth<br>• Interview with BJJS Investigator |

| **115.331** | **Employee training** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “All employees must receive |

| | |
|---|---|
| | training that is specific to juveniles and the gender of the population they are working with. Employees must sign an acknowledgement verifying that they understand the training they received. Current employees must receive this training and receive refresher training annually. This training must include the following critical subjects:<br><br>1. The agency's policy on zero tolerance for sexual abuse and sexual harassment.<br>2. How to fulfill their responsibilities under agency sexual misconduct prevention, detecting, reporting, and response policy and procedures.<br>3. Residents' right to be free from sexual abuse and sexual harassment.<br>4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in juvenile facilities.<br>5. Dynamics of sexual abuse and sexual harassment in confinement.<br>6. Common reactions of sexual abuse and sexual harassment of juvenile victims.<br>7. How to detect and respond to signs of threatened and actual sexual misconduct.<br>8. How to avoid inappropriate relationships with residents.<br>9. How to communicate effectively and professionally with residents, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming.<br>10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.<br>11. Relevant laws regarding the applicable age of consent.<br><br>All employees receive an initial training through a BJJS Power Point presentation. Trainings received by all staff (PREA Training Curricula and Professionalism and Ethics Curricula were reviewed by this auditor) is documented and indicated staff members acknowledge that they received the training and understood the training. Current employees who received this training, receive refresher training annually.<br><br>All staff interviewed reported that they received initial PREA training/annual refresher on all areas noted in this standard. All staff interviewed were aware of their obligations related to PREA, their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection. Interviews with staff members also confirmed they receive the training and understood the material that was covered in the training they received. This auditor was able to review the Training Roster/Electronic Verification and confirm they had appropriate staff members signatures and noted if they understood the training they received.<br><br>b) PREA training is provided specific to the facility annually.<br><br>In addition to the above-mentioned trainings, staff also received mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations. |

| | |
|---|---|
| | Staff were able to discuss their mandated reporter responsibilities as well as their First Responder duties.<br><br>During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educated both staff and residents on agency PREA policies.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Current employees must receive the initial PREA training and refresher training annually.” This auditor reviewed training records and confirmed all staff completed the annual trainings/refreshers on a yearly basis. Interviews with staff also confirmed they receive the trainings/ refreshers on an annual basis and understood the material that was covered in the trainings/refreshers they received.<br><br>d) All staff who successfully completed the annual PREA training must document through employee signature or electronic verification that employees understand the training they have received. This auditor was able to review the WSTU PREA Training Roster and confirmed they had the appropriate staff signatures and noted if they understood the training they received.<br><br>Interviews with randomly selected staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, the Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, and the residents’ and staff’s rights to be free from retaliation for reporting allegations of sexual abuse and sexual harassment during interviews. Staff were also able to note the appropriate steps they would take to protect residents of imminent sexual abuse as well as their role as a first responder.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• PREA Training Curriculum including Power Point<br>• Training Roster / Electronic Verification<br>• Training files of contractors<br>• Twelve (12) random employee files<br><br>Interviews:<br><br>• Interview with PREA Coordinator<br>• Interview with the PREA Compliance Manager<br>• Interviews with twelve (12) randomly selected staff |

| 115.332 | Volunteer and contractor training |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “WSTU shall ensure that all volunteers have been trained on their responsibilities with respect to the prevention, detection, and response to sexual abuse and/or sexual harassment. The Zero Tolerance for Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers pamphlet shall be provided and sign-off obtained and maintained on file.”<br><br>WSTU reported that there were eight (8) contractors and ten (10) volunteers currently approved to enter the facility. During the past 12 months, there have been eight (8) contractors and ten (10) volunteers approved to enter the facility.<br><br>During an interview with the Facility PREA Compliance Manager, it was noted that prior to entering the facility, all volunteers and contractors are given PREA Brochures, Volunteer/Contractor Training and Acknowledgement Form to review and sign off indicating they have received the training and understood it.<br><br>b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “WSTU shall ensure that all contracting entities have received and understood their responsibilities with respect to prevention, detection, and response to sexual abuse and/or sexual harassment.”<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “The PREA Volunteer and Contractor Sign-Off shall be completed; documentation shall be maintained by the PREA Coordinator.”<br><br>The Facility PREA Compliance Manager was able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.<br><br>There have been eight (8) contractors and ten (10) volunteers approved to enter the facility during the past 12 months. This auditor requested a random sampling and received signed Volunteer/Contractor Training and Acknowledgement Forms for contractors approved to enter WSTU during the past 12 months to confirm they received training prior to entering the facility and having contact with residents.<br><br>Interview with a contracted employee, reported that they would report any allegation of sexual abuse and/or sexual harassment to their supervisor and/or Director. They would also report to ChildLine either by phone or online. The contracted employee acknowledged receiving PREA training annually (January 2025). This auditor was able to verify this through training records. There were no volunteers on-site during the on-site portion of the audit, thus there were no |

| | |
|---|---|
| | volunteers to interview.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• PREA Brochure for Contractors<br>• Training logs<br>• Signed Training Acknowledgements for Contractors and Volunteers<br>• Educational Signed Acknowledgement for Teachers<br><br>Interviews:<br><br>• Interview with Facility PREA Compliance Manager<br>• Interview with Contracted Employee (School Principal) |

| **115.333** | **Resident education** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:<br><br>1. Their right to have confidential access to their attorney or other legal representation;<br>2. Their right to have reasonable access to parents or legal guardians;<br>3. How to report incidents or suspicions of sexual abuse or sexual harassment;<br>4. The facility's process and procedure for a resident to file a grievance;<br>5. The facility's process and procedure for accessing the facility's client advocate;<br>6. How to access outside victim advocates for emotional support services related to sexual abuse (this information shall include mailing addresses and telephone numbers, including toll-free numbers of available local, state and/or national victim advocacy or rape crisis organizations);<br>7. For individuals being admitted to the facility solely for civil immigration purposes, mailing addresses, telephone numbers (including toll-free hotlines were available) of immigrant service agencies;<br>8. The extent to which reports of abuse will be forwarded to authorities in |

accordance with mandatory reporting laws;

9. Information related to the BJJS 1.14 Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy;
10. Information related to the agency's policy against for reporting sexual abuse, sexual harassment or cooperating with an investigation;
11. For transgender and intersex youth, information related to their right to shower separately and;
12. Comprehensive education in person via a video recording:

- Their right to be free from sexual abuse and sexual harassment
- Their right to be free from retaliation for reporting sexual abuse or harassment
- The agency's response policies and procedures for responding to reports of sexual abuse or sexual harassment

a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "upon admission, youth must be informed of the BJJS PREA policy on excessive use of force, sexual abuse, and sexual harassment."

In addition, The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Within 10 days of intake, WSTU shall provide age-appropriate education to residents, either in person or video, about their rights to be free from sexual abuse and sexual harassment, and free from retaliation for reporting allegations of sexual abuse and sexual harassment. Youth must be provided information concerning prevention, intervention, self-protection, reporting of sexual abuse and the agency's zero tolerance policy."

This auditor was able to review copies of PREA pamphlets. All residents receive these pamphlets upon admission to WSTU. They are available in both English and Spanish. Upon receiving the pamphlets at intake, each resident signs an acknowledgement form noting they received these pamphlets. This auditor was able to review ten randomly selected resident files to confirm each resident received the PREA education pamphlets and signed an acknowledgement form noting they received the pamphlets. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. All residents stated that they can use the Blue Phone which is located in the medical office to report any abuse allegation. The Blue Phone connects with the Passages once the phone is picked up. This auditor did pick up the Blue Phone during the tour of the facility and it was answered by a representative from Passages. In addition, all residents interviewed confirmed they received PREA education during their intake (during their first ten days at the facility). All residents stated they received PREA education, viewed the PREA video, received grievance information on Day One and again on Day Five from their therapist.

b) WSTU reports there were sixty-seven (67) residents admitted to the facility whose

| | |
|---|---|
| | stay was 10 days or longer during the past 12 months. All sixty-seven (67) of the residents received comprehensive PREA education following their intake into the facility. The facility delivers comprehensive PREA education to each resident following the intake process (during their first day at the facility). This education included their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents. This auditor reviewed ten randomly selected resident files and confirmed all ten of the files noted these residents received their comprehensive PREA education within 10 days of being admitted to the facility. All residents interviewed confirmed they received comprehensive PREA education during their first day of being admitted into the facility, and comprehensive PREA education on Day Five by their therapist. Each resident's file had a signed acknowledgement form noting they received the comprehensive PREA education.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "youth who are transferred to another facility must receive this information again to the extent that the information from the previous facility differs from their new facility."<br><br>In addition, The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that youth must be informed of the zero-tolerance policy on excessive force, sexual abuse, and sexual harassment.<br><br>Transitional Service Coordinator interviewed reported each resident admitted into WSTU receives PREA education during the intake process. They were able to describe reviewing the agency zero tolerance policy and receiving and providing each with PREA pamphlets. In addition to providing each resident with these pamphlets during intake, a staff completes a comprehensive PREA education session and answers any questions they may have during the intake process. This auditor reviewed ten randomly selected resident files during the on-site portion of this audit and all ten resident files reviewed contained a signed copy of the acknowledgement form noting the resident received both PREA education at intake and the comprehensive PREA education per policy noted above.<br><br>All residents interviewed confirmed they received comprehensive PREA education during their intake at the facility and again on Day Five by their therapist. They also acknowledged reviewing and receiving the PREA pamphlets and PREA video upon intake.<br><br>d) Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, "WSTU shall provide residents education in formats accessible to all residents, including those who are limited English proficient or otherwise disabled, as well as to residents who have limited reading skills."<br><br>Language assistance resources are available through Propio LS, LLC. They also provide Braille for the blind and a hearing specialist for the deaf. Facilities must not rely upon youth interpreters, youth readers or other types of youth assistants except in limited circumstances where are an extended delay in obtaining an effective interpreter could jeopardize a youth's safety, the performance of first |

| | |
|---|---|
| | responder duties subject to section 115.364 of the PREA Juvenile Standards, or the investigation of the youth's allegations. All education and information must be made available in formats accessible to all youth (limited English, deaf, visually impaired, or otherwise disabled, as well as limited reading skills).<br><br>Interview with Transitional Service Coordinator at WSTU confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident, during the intake process and during the resident's first day at the facility. Language assistance resources are available through Propio LS, LLC. The facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and PREA pamphlets in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA pamphlets that all residents receive.<br><br>This auditor interviewed five (5) cognitively disabled residents residing at WSTU during the on-site portion of this audit. These residents confirmed all PREA education materials were explained to them in a language they understood, and the staff took the time to answer any questions they had. There were no limited English proficient residents residing at the facility during the on-site portion of this audit. It was noted there have been no limited-English proficient residents admitted into WSTU during the past 12 months.<br><br>e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "receipt of the above (PREA) education and information must be documented for each youth."<br><br>All resident intake and comprehensive PREA education are documented on acknowledgment forms specific to WSTU. These acknowledgement forms are signed and dated by the resident upon receiving the intake and comprehensive PREA education information and is also signed and dated by the staff who delivered the education. In addition, each resident receives the PREA education pamphlets and Resident Handbook upon intake into the facility. Each resident signs an acknowledgment form noting they received these pamphlets. These acknowledgement forms are kept in the resident's file. This auditor was able to review ten resident files and each file contained the above-mentioned documentation confirming the resident received the PREA pamphlets during and the comprehensive PREA education within 24 hours of being admitted into the facility.<br><br>f) At intake, all residents receive PREA pamphlets and the Resident Handbook. These pamphlets include information about the agency's zero tolerance policy and reporting information noting ways to report an allegation of sexual abuse or sexual harassment. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, dining room, and in the living units of the facility that were viewed by this auditor during the on PREA during the first day and provided comprehensive PREA education which includes a PREA video within ten days of admission and on a regular basis during their stay at the facility. |

| | |
|---|---|
| | All residents interviewed stated they have been educated on PREA during their first day and provided comprehensive PREA education. Each resident interviewed was knowledgeable of PREA standards and their rights not to be sexually abused or sexually harassed by staff or residents, how to make a report by telling a trusted staff, use the Blue Phone, use the grievance form, tell their PO, or call their family. All residents were also provided with a Resident Handbook that has telephone numbers to report any sexual abuse or sexual harassment.<br><br>All residents are provided PREA education including comprehensive PREA education. All residents interviewed stated they were educated about PREA upon admission during their intake process. The residents were knowledgeable about PREA, zero tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and were aware of multiple ways to report sexual abuse and sexual harassment (internally and externally). All youth entering any BJJS facility, either as a new admission or a transfer, go through the same intake process.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.12, Program Management<br>• Pre-Audit Questionnaire<br>• PREA Brochures in English and Spanish<br>• Resident PREA Acknowledgement Form<br>• PREA Resident Pamphlet and Resident Orientation Booklet<br>• Posters for Reporting Sexual Abuse and Sexual Harassment in English and Spanish<br>• Ten (10) resident files PREA Education Program Curriculum<br>• Resident Handbook<br>• Contract with Propio LS, LLC<br><br>Interviews:<br><br>• Interview with Transitional Service Coordinator<br>• Interviews with ten (10) randomly selected residents<br>• Interviews with five (5) cognitively disabled residents |

| **115.334** | **Specialized training: Investigations** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

a) Butler County Children and Youth is the state entity outside of the agency responsible for the investigation of all allegations of sexual abuse and sexual harassment. Butler County Children and Youth has responsibility for investigation of all PREA related allegations and incidents.

b-d) Butler County Children and Youth is responsible for the investigation of all allegations of sexual abuse and sexual harassment at WSTU. A representative from Butler County Children and Youth was interviewed and confirmed all investigators complete the PREA training. This training covers the topics of interviewing juvenile sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

WSTU maintains that agency investigators have completed the required specialized training in conducting sexual abuse investigations. There are signed acknowledgment forms with their signatures. Interview with BJJS Investigator verified the training they received. This was confirmed by reviewing the training records.

In addition, the Agency PREA Coordinator and Program Director were able to confirm all allegations of sexual abuse and sexual harassment are referred to ChildLine and Pennsylvania State Police for investigation. There was one (1) allegation of staff sexual misconduct that was reported to ChildLine and investigated by the Butler County Children and Youth, Pennsylvania State Police, and BJJS Investigator. The allegation was Unsubstantiated. This was confirmed by Facility PREA Compliance Manager during interview. The staff was terminated from employment for violation of the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.

All staff members interviewed were aware that Butler County Children and Youth complete all non-criminal sexual abuse and sexual harassment investigations and the Pennsylvania State Police conduct all criminal investigations.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Pennsylvania State Police
- BJJS Investigator Training Records
- Investigative Report

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Program Director
- Interview with Facility PREA Compliance Manager
- Interview with representative Pennsylvania State Police
- Interview with BJJS Investigator

| 115.335 | Specialized training: Medical and mental health care |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “All full time and part time medical and mental health practitioners who work within BJJS facilities shall be trained in no less than: detecting and assessing signs of sexual abuse and harassment; preserving physical evidence of sexual abuse; responding effectively and professionally to victims of sexual abuse and harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.”<br><br>There are currently six (6) medical staff and five (5) mental health staff employed at WSTU. Training records reviewed by this auditor confirmed all medical and mental health staff at the facility completed the required specialized trainings. Medical and mental health staff confirmed they received the trainings and understood the material specific to their job title.<br><br>b) WSTU does not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Butler Memorial Hospital by SANE/SAFE. A Memorandum of Understanding (MOU) is in place with Butler Memorial Hospital that confirms Butler Memorial Hospital will provide a forensic rape examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed examiner. This auditor was provided with a copy of the Memorandum of Understanding with Butler Memorial Hospital to confirm compliance.<br><br>c) This auditor received and reviewed medical and mental health staff training records, training certificates, and sign off/acknowledgement forms at WSTU. In addition, interviews with medical and mental health staff confirmed they had received and understood the specialized trainings they received specific to their job title.<br><br>d) As noted in the Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, mental health staff and medical staff also receive the PREA training all staff at the facility are required to complete on an annual basis. Mental health and medical staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at WSTU. This auditor was able to review mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff at WSTU are required to complete. This was also confirmed during interviews with medical and mental health staff at the facility.<br><br>Reviewed documentation to determine compliance: |

| | |
|---|---|
| | • The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• MOU with Butler Memorial Hospital<br>• Employee Training Curriculum<br>• Documentation of PREA Training for Medical and mental health Staff<br>• Training Logs<br><br>Interviews:<br><br>• Interview with nurse<br>• Interview with mental health staff / therapist<br>• Interview with representative from Butler Memorial Hospital |

| **115.341** | **Obtaining information from residents** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Pennsylvania Bureau of Juvenile Services Policy 1.26C, Transitional Services addresses the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered on the day of admission to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or toward a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement history.<br><br>The policy states that the results of the Vulnerability Assessment are utilized when making housing and bed assignments, and determining the appropriate level of supervision necessary.<br><br>This auditor discussed the Vulnerability Assessment Instrument (VAI) with a staff who completes the form and the Facility PREA Compliance Manager. The Vulnerability Assessment Instrument (VAI) is completed by a Transitional Service Coordinator upon intake. Residents are reassessed periodically (a minimum of every 6 months) after the initial screening by their therapist. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at WSTU.<br><br>During the past 12 months, there were sixty-seven (67) residents admitted to WSTU whose length of stay in the facility was for 72 hours or longer. All WSTU residents admitted to the facility were screened for risk of sexual victimization or risk of |

| | |
|---|---|
| | sexually abusing other residents upon intake by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment Instrument is completed upon intake by interviewing Transitional Service Coordinator who completes the assessment and by reviewing the database that logs the Vulnerability Assessment Instrument with the Facility PREA Compliance Manager.<br><br>Interviews with residents confirmed the Vulnerability Assessment Instrument (VAI) is completed as noted in the above-mentioned policy as all residents interviewed stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at WSTU. Ten current resident files were reviewed for documentation verifying the risk assessments were being completed as per the above-mentioned policy. All the files reviewed had the above-mentioned screening (VAI) completed within 72 hours of intake and periodically throughout the resident's stay at the facility.<br><br>b) The Vulnerability Assessment Instrument (VAI) is an objective screening assessment commonly used to conduct risk assessments of each resident upon admission to the facility and periodically throughout their stay at the facility. A Transitional Service Coordinator who competes the VAI was interviewed and understood how to administer this screening and was aware of its importance in keeping residents safe from sexual abuse. The Transitional Service Coordinator interviewed was able to explain how she reviews case history notes and behavior records of the resident prior to intake and then administers the VAI to the resident by completing a one-on-one interview during the intake process.<br><br>c) The Vulnerability Assessment Instrument attempts to ascertain information about: prior sexual victimization or abusiveness; any gender non-conforming appearance or manner of identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.<br><br>This auditor was able to review the VAI that is used to screen residents at WSTU and confirms this tool captures the information required in this standard. A review of ten randomly selected resident files confirmed the VAI is being completed within 72 hours of intake and periodically throughout the resident's stay (every 6 months) at WSTU after the initial screening is completed. This auditor interviewed five (5) residents that had been in the facility for six (6) months. All residents stated that their therapist completed a re-assessment again after six (6) months. This auditor did review the six-month re-assessment of these five (5) residents.<br><br>d) Interviews with the Facility PREA Compliance Manager and Transitional Service |

| | |
|---|---|
| | Coordinator revealed that the Transitional Service Coordinator interviews each resident face to face upon admission. Each resident is then reassessed periodically throughout their stay by a clinical staff. It was noted that the initial screening is completed during the resident's intake on their first day at the facility (no later than 72 hours after their admission). During an interview, the Transitional Service Coordinator that completes the VAI also stated she uses case history notes and behavioral record when completing the initial VAI during intake.<br><br>e) All completed VAIs are securely kept in the resident's electronic file (Juvenile Justice Automated Case System – JJACS) and have restricted access for mental health and administrative staff at WSTU. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents. During an interview with the Facility PREA Compliance Manager, this auditor was able to review resident files which were kept secured to confirm confidentiality of the documents. In addition, interviews with staff confirmed all pertinent information is documented in the logbook to ensure all staff are aware of any precautions implemented to protect the resident(s) at the facility.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• The Pennsylvania Bureau of Juvenile Services Policy 1.26C, Transitional Services<br>• Pre-Audit Questionnaire<br>• Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior<br>• Completed Vulnerability Assessment Instruments for ten (10) residents<br>• Five-month Reassessments<br>• Health and Safety Assessments<br>• Review of resident files<br>• Juvenile Justice Automated Case System – JJACS resident files<br><br>Interviews:<br><br>• Interview with Facility PREA Compliance Manager<br>• Interview with the Transitional Service Coordinator<br>• Interview with staff that performs the screening for risk of victimization and abusiveness<br>• Interviews with 10 randomly selected residents |

| | |
|---|---|
| **115.342** | **Placement of residents** |

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment pertaining to screening/assessing residents at intake states that residents who are determined as a potential risk will not be singled out, however will be closely monitored by staff and their behavior will be evaluated throughout their stay. Housing/room decisions for each youth will be based on the risks determined by the intake screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse.

1. Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.
2. All housing placements will be made with the sole intention of ensuring the resident's health and safety.
3. Transgender or Intersex resident's safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex's own views, with respect to his or her own safety, shall be given serious consideration.
4. Transgender or Intersex residents shall follow the WSTU operating procedures in regard to showering separately.

Isolation is not practiced and is prohibited by WSTU and was not used during the past twelve (12) months.

a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states youth are to be screened for potential vulnerabilities to victimize others with sexually aggressive behavior upon arrival/intake at WSTU. This screening will be documented using the Vulnerability Assessment Instrument and entered into the health records within 72 hours of admission. Living unit and room assignments must be made accordingly.

Interviews with the Clinical Director and Facility PREA Compliance Manager confirmed the Vulnerability Assessment Instrument is completed by the Transitional Service Coordinator within 72 hours of intake and living units and bedroom assignments are made accordingly to keep all residents at WSTU free from sexual abuse and sexual harassment. Both were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate living units and bedroom assignments to ensure residents are kept safe at all times.

A review of the Vulnerability Assessment Instrument (VAI) supported this policy. Residents confirmed through interviews that screenings are being administered as

| | |
|---|---|
| | per policy. Any residents who are identified as sexually vulnerable from the information noted on the VAI, would have a Safety Plan developed for them and this would be communicated to all staff to keep them safe at WSTU. There were no residents residing at WSTU that were deemed to be sexually aggressive during the on-site portion of this audit. Safety Plans include increased supervision during waking hours or one-to-one supervision.<br><br>b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of ensuring residents’ safety can be arranged. During any period of isolation, BJJS shall not deny residents daily large muscle exercise and are legally required educational programming or special education services. Residents that are isolated shall receive daily visits from a medical and/or mental health provider.”<br><br>It was documented on the PAQ that there were no residents in isolation during the past 12 months at WSTU. Interviews with the Program Director and the Facility PREA Compliance Manager confirmed WSTU has not used isolation to protect any resident at risk for sexual victimization during the past 12 months as the use of isolation is prohibited in WSTU. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Lesbian, gay, transgender, bisexual, or intersex youth shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification, or status, nor shall BJJS consider lesbian, gay, transgender, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.”<br><br>There were no residents residing at WSTU who identified as LGBTI during the time of the on-site portion of this audit. Interviews with the Program Director and the Facility PREA Compliance Manager confirmed that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. The Facility PREA Compliance Manager stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.<br><br>d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that in reaching a determination of whether to assign a transgender or intersex youth to a facility for male residents, as well as making other housing and programing assignments, WSTU must consider on a case-by-case basis whether the placement would ensure the resident’s health and safety, and whether the placement would present programmatic management and/or security problems.<br><br>There were no transgender residents admitted to WSTU during the past 12 months. There were no transgender residents to interview during the on-site portion of the audit. |

e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Placement and programming for transgender and intersex youth must be reassessed at least twice a year or sooner if a complaint has been made, to review any threat to safety experienced by the youth.”

There were no transgender residents admitted to WSTU during the past 12 months. The Facility PREA Compliance Manager and the Clinical Director noted the resident’s treatment plan and placement would be reviewed monthly during Support Team Meetings with the resident. All members of the resident’s treatment team attended these monthly meetings. There were no transgender or intersex residents residing at WSTU during the on-site portion of this audit, thus there were no transgender or intersex residents to interview.

f) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Transgender and intersex youth’s own views with respect to their own safety must be given serious consideration.”

There were no transgender or intersex residents admitted to WSTU during the past 12 months. An interview with the Facility PREA Compliance Manager confirmed he ensures the resident’s views are given serious consideration as staff are educated on how to interact professionally with all residents at the facility. There were no transgender or intersex residents for this auditor to interview.

g) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Transgender and youth must be given the opportunity to shower separately from other youth.”

There were no transgender or intersex residents admitted to WSTU during the past 12 months. Interviews with the Facility PREA Compliance Manager and staff confirmed that any transgender resident residing in the facility are given the opportunity to shower separately from the other residents. All staff interviewed stated that transgender and intersex residents would shower alone as well as any other resident that had requested special accommodations. There were no transgender or intersex residents residing at WSTU during the on-site portion of this audit. All residents at WSTU shower separately, only one (1) resident is permitted to use the bathroom at a time. Staff supervise the bathroom area from the hallway.

h-i) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of ensuring residents’ safety can be arranged. If a resident is isolated, the facility shall clearly document he incident in the logbook:

- The basis for the facility’s concern for the resident’s safety;
- The reason why no alternative means of separation can be arranged.”

| | |
|---|---|
| | There were no residents at WSTU who were at risk of sexual victimization held in isolation during the past 12 months. The use of isolation is prohibited in the facility. Therefore, there was no documentation for this auditor to review.<br><br>Reviewed documentation to determine compliance:<br><br>• The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Resident Hygiene Policy<br>• Vulnerability Assessment of 10 residents<br>• Housing/Room Logs<br>• Review of 10 resident files<br><br>Interviews:<br><br>• Interview with Agency PREA Coordinator<br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with Transitional Service Coordinator who conducts risk screening<br>• Interview with Clinical Director |

| **115.351** | **Resident reporting** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, and staff neglect. The document showed several ways for residents to report sexual abuse, sexual harassment, or retaliation. There are:<br><br>1. Direct reporting to an employee, educational staff, medical staff, or contracted entity;<br>2. Privately reporting to a public or private entity, or an office that is not part of the agency;<br>3. Privately reporting to ChildLine;<br>4. Third parties including family members, Parole Officers, Caseworkers, and attorneys.<br><br>Reporting information is delivered to the residents through the intake process, |

Resident Handbook, PREA pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment, including using the Blue Phone for a direct connection.

Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations to facility staff, administrative staff, the hotline via the Blue Phone [Passages Crisis Hotline] or ChildLine, their parents, POs, or caseworkers. All residents mentioned the Blue Phone located in medical that has direct access to Passages. This auditor picked up the Blue Phone and it was answered by a staff member from Passages.

b) The Pennsylvania Bureau of Juvenile Justice Services Policy 114, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “BJJS shall provide at least one method for residents to report sexual abuse and/or sexual harassment to a public or private entity or office that is not part of BJJS and that is able to receive and immediately forward resident reports of sexual abuse and/or sexual harassment to BJJS officials allowing the resident to remain anonymous upon request. These methods include, but are not limited to:

1. Private reporting to a public or private entity, or an office that is not part of the agency;
2. Staff shall provide residents with access to call the Blue Phone to speak to a representative from Passages.”

Reporting information is delivered to the residents through the intake process, Resident Handbook, PREA pamphlets, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

In addition, the pamphlets at WSTU were reviewed by this auditor and they contained telephone numbers and addresses for residents to report allegations of sexual abuse and sexual harassment to offices outside of the facility. In this case, the pamphlets contain the toll-free telephone numbers and addresses to the Passages Crisis Hotline or ChildLine.

The primary reporting mechanism is to an outside agency, Passages by requesting to use the Blue Phone. This allows receipt of the report and transmission to the facility anonymously if requested. This auditor did pick up the Blue Phone in the medical office during the on-site portion of the audit and speak to a staff member from Passages. This reporting method is informed to all youth upon intake, on PREA pamphlets, and posted throughout the facility.

There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania

| | |
|---|---|
| | State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. This auditor was unable to interview the resident that reported the allegation due to the resident being released prior to the on-site portion of the audit. Staff was terminated from employment due to violation of the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.<br><br>Most residents interviewed were aware of their right to contact outside agencies including Passages (Blue Phone) and ChildLine. Residents interviewed also confirmed they received this information through posters in their living units and around the facility, PREA pamphlets, and PREA education received at intake and with their therapist on Day Five.<br><br>There were no residents placed at WSTU solely for civil immigration purposes. However, during interviews with agency management, it was determined they would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.<br><br>c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that staff shall accept reports made verbally, in writing, anonymously and from third parties. These reports shall be immediately processed according to child abuse regulations.<br><br>Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by notifying their supervisor and contacting ChildLine immediately to report the allegation.<br><br>d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states BJJS shall provide residents with access to tools necessary to create a written report. There shall be grievance forms located in all common areas to allow the residents to create written reports.<br><br>Youth also have the option of reporting allegations to Passages via the Blue Phone located in Medical Office. Additionally, youth, their families, and the public have the ability to report allegations outside the agency/facility via the toll-free number for ChildLine.<br><br>Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility. In addition, the residents were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to Passages or ChildLine either in writing or by picking up the Blue Phone and speaking to a representative directly. The ChildLine toll-free telephone numbers are listed in their Resident Handbook, PREA pamphlets, and on posters throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation. |

| | |
|---|---|
| | e) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states staff shall provide the ability to privately report sexual abuse and/or sexual harassment of residents.<br><br>Interviews with staff confirmed they are aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they could report the allegation to an administrative staff at the facility or by reporting the allegation to ChildLine via the toll-free hotline or ChildLine website.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Grievance Policy<br>• Resident Handbook in Spanish and English<br>• Pa Child Protective Services Law<br>• Mandated Reporter Training Curriculum<br>• Telephone and Visitation Policy<br>• Posters in facility<br>• MOU with Passages<br>• Signed acknowledgement by resident of notification outcome of investigation<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents<br>• Interview with representative from Passages |

| **115.352** | **Exhaustion of administrative remedies** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-h) Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 3.03A, Resident Grievances provides that the grievance can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. |

| | |
|---|---|
| | Residents cannot be disciplined for filing a grievance. The Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy contains all necessary provisions and timelines. I reviewed ten (10) resident files, and all contained notification of the grievance process.<br><br>PREA pamphlets describe various ways a resident can report sexual abuse and sexual harassment. Each resident receives a copy of these pamphlets at intake and a Transitional Service Coordinator reviews these pamphlets during the intake process with each resident. The grievance process is not listed as a formal mechanism to report sexual abuse or sexual harassment in either of these pamphlets.<br><br>All residents interviewed were aware of the grievance procedure. All the resident files reviewed contained notification of the grievance process. In addition, all staff interviewed could describe the steps they would take to protect a resident from imminent sexual abuse. These steps included separating the alleged victim from the alleged aggressor, increasing supervision, contacting their supervisor, and documenting the threats in writing.<br><br>There were no grievances filed by third parties alleging sexual abuse, sexual harassment, or retaliation at WSTU during the past 12 months. This was confirmed by reviewing resident files and grievance records with the Facility Compliance Manager during the on-site portion of this audit. Each housing unit had a grievance box which is located toward the front of the unit with grievance forms. This was observed by this auditor during the tour of the facility.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 3.03A, Resident Grievances<br>• Pre-Audit Questionnaire<br>• Resident Handbook<br>• Facility grievance records<br>• Grievance forms<br>• Files of ten (10) residents<br>• Tour of Facility<br>• Grievance boxes<br><br>Interviews:<br><br>• Interview with Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents |

| 115.353 | Resident access to outside confidential support services and legal representation |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.06B, Reporting and Investigating Alleged Child/Resident Abuse and/or Sexual Harassment outlines that BJJS will provide residents with access to outside support services and legal representation related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers of local, state, and/or national victim advocacy organizations. WSTU shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.<br><br>PREA pamphlets contain telephone numbers and addresses for victim advocates from Passages. All residents receive a copy of these pamphlets at intake. In addition to residents receiving a copy of the above-mentioned pamphlets, there are numerous posters posted around the facility with telephone numbers and addresses to Passages. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. WSTU has a Memorandum of Understanding (MOU) with Passages. This MOU states Passages will provide any victim of sexual abuse a victim advocate.<br><br>Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual assault at WSTU.<br><br>b) Most of the residents interviewed were aware of the services available to them from Passages in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with Passages is confidential and private. In addition, the residents understood the responsibility of the victim advocate to report new information of sexual abuse to the authorities as they are mandated to report that information. Residents noted during interviews this information is provided to them during their intake, is noted in pamphlets and Resident Handbook they receive during their intake into the facility and is posted throughout the facility. A few residents, during their interview, informed me of the Blue Phone, and that it is located in Medical.<br><br>There was one (1) allegation of staff sexual misconduct that was reported at WSTU during the past twelve (12) months. It was called into ChildLine and investigated by the Butler County Children and Youth, Pennsylvania State Police, and BJJS Investigator. The allegation was determined to be Unsubstantiated. This employee was terminated from employment due to violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy. This auditor reviewed the investigative report.<br><br>c) WSTU has a MOU with Passages and the services they offer. The MOU was reviewed, and this auditor spoke to a representative from Passages via telephone |

| | |
|---|---|
| | prior to the on-site audit. She confirmed the services offered in the MOU.<br><br>A MOU is in place with Passages in accordance with this standard. The MOU confirms each party's responsibilities regarding this standard. The Agency PREA Coordinator and the Facility PREA Compliance Manager both described this MOU and the services that are provided by Passages (to provide advocacy services to any victims of assault at WSTU).<br><br>d) Visitation and contact with legal representation and family members is outlined in the Visitation Policy. WSTU provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and weekly visits (if the family is able to visit). Several residents stated during their interview that their attorneys have visited them at the facility, as well as called them.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Telephone and Visitation Policy<br>• MOU with Passages<br>• Resident Handbook<br>• English and Spanish PREA posters in the facility<br>• Resident PREA Brochures<br>• Investigative Report<br><br>Interviews:<br><br>• Interview with the Agency PREA Coordinator<br>• Interview with the Program Director<br>• Interview with PREA Compliance Manager<br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents<br>• Interview with representative of Passages |

| **115.354** | **Third-party reporting** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |

| | |
|---|---|
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment describes third-parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates, and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. BJJS has established various methods to receive third-party reports of sexual abuse and sexual harassment which includes BJJS's public website that lists the ChildLine number to call if sexual abuse or sexual harassment is suspected. The hotline number is also posted at the entrance where visitors enter the facility and in the visiting area.<br><br>This auditor was able to review the agency's website and confirm multiple methods to file a third-party report are posted on the website. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the visiting area of the facility and were observed by this auditor during the tour of the facility. Interviews with ten (10) randomly selected residents confirmed that a third party is their family, case worker, parole officer, peers, and the State Police.<br><br>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. Staff interviewed noted they would document the allegation and report the allegation to ChildLine for investigation.<br><br>There were no allegations of sexual abuse or sexual harassment filed by a third party at WSTU during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• BJJS section of the Department of Human Services public website<br>• PREA posters<br><br>Interviews:<br><br>• Interviews with 12 randomly selected staff<br>• Interviews with 10 randomly selected residents |

| **115.361** | **Staff and agency reporting duties** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |

| | |
|---|---|
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, and Policy 1.06B, Reporting and Investigating Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment state that all staff of BJJS must, immediately report any known or suspected or suspected act or allegation of sexual misconduct or retaliation to the administration through the appropriate chain of command. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities. All staff, contractors, and volunteers are mandated to report any knowledge of sexual abuse and/or sexual harassment, and any suspected retaliation.<br><br>All staff members interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation, must be reported to ChildLine. All staff members interviewed were aware that they must immediately contact their supervisor to report the allegation of sexual abuse and/or sexual harassment. Interviews with staff members (including medical and mental health staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtain from a report of sexual abuse.<br><br>b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “BJJS requires all staff to comply with mandated reporter laws.”<br><br>All staff interviewed were aware of their responsibility to report any allegations of sexual abuse or sexual harassment to ChildLine for investigation. The staff were able to describe their role as Mandated Reporters to this auditor during the interviews and were aware of the ChildLine hotline to report allegations of sexual abuse and sexual harassment.<br><br>c) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “Apart from reporting to designated supervisors, and State or local service agencies, all BJJS staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.”<br><br>Interviews with staff, including medical and mental health, confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse.<br><br>d) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, “medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and |

officials, as well as to designated State of local service agencies where required by mandated reporting laws."

Medical and mental health staff interviewed indicated that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, these staff are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also reported to ChildLine for investigation. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis and were able to discuss their role as mandated reporters during interviews.

e) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "Upon receiving any allegation of sexual abuse, facility administration shall promptly report the allegation to ChildLine and/or State Police as well as the alleged victim's parents or legal guardians."

All staff interviewed also stated that in addition to reporting the allegation to their direct supervisor; and are required to report the allegation to ChildLine and document the allegation/incident.

f) All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to ChildLine for investigation. ChildLine will determine if the information meets the requirements to register a report for investigation.

It should be noted: all staff (including medical and mental health staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party.

Interviews with the Program Director, Facility PREA Compliance Manager, and staff (including medical and mental health staff) confirmed they are aware of how to report an allegation and were aware all allegations are investigated by BJJS, Butler County Children and Youth, and the Pennsylvania State Police. The Program Director and the Facility PREA Compliance Manager were able to describe the reporting process as well as the investigative process once the allegation is referred to ChildLine.

There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. The employee was terminated from employment for violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.

There were no residents to interview. All staff that were interviewed were aware of their responsibility to report allegations of sexual abuse and sexual harassment as they are mandated reporters.

Reviewed documentation to determine compliance:

| | |
|---|---|
| | • Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B. Reporting and Investigating Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Training Logs<br>• PREA posters<br>• Employee Handbook<br>• Investigative Reports<br>• Sexual Abuse Incident Review Form<br><br>Interviews:<br><br>• Interview with the Program Director<br>• Interview with the Facility PREA Compliance Manager<br>• Interview with nurse<br>• Interview with mental health staff / therapist<br>• Interviews with 12 randomly selected staff |

| **115.362** | **Agency protection duties** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that when BJJS learns that a resident is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. In addition, such residents must be monitored, counseled, and provided appropriate treatment.<br><br>The Program Director was interviewed regarding the protective action the agency takes when learning that a resident is subject to substantial risk of imminent sexual abuse. The Program Director reported the agency would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another facility or making a living unit change if the potential abuser is a staff working at the facility. The staff could also be removed from the living unit or placed on administrative leave pending an investigation. The Program Director stressed the safety of the resident is the agency's utmost priority.<br><br>Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, increase supervision, call for additional staff assistance if needed, and report the incident to their direct supervisor and ChildLine. Their direct |

| | |
|---|---|
| | supervisor would then determine the best course of action to ensure the safety of the resident. In addition, staff interviewed stated they would also document the incident.<br><br>Interview with the Program Director confirmed staff members would be expected to act immediately to separate the resident at risk from a potential abuser. In addition, he reported a Safety Plan would be developed and implemented to ensure the safety of the resident at risk. The Safety Plan would include increased supervision/ monitoring, separation from the potential abuser, and making a housing unit and/or room change as necessary. Staff could be moved from the housing unit, placed on no contact with the resident, or placed on administrative leave, per interview with the Program Director.<br><br>There were no residents that the facility determined were subject to substantial risk of sexual abuse during the past 12 months.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br><br>Interviews:<br><br>• Interview with the Program Director<br>• Interviews with the Facility PREA Compliance Manager<br>• Interviews with 12 randomly selected staff |

| **115.363** | **Reporting to other confinement facilities** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states upon receiving an allegation that a youth was sexually abused while confined at another facility, the Program Director (facility head) of the facility that received the allegation shall call the facility head or appropriate office of the agency where the alleged abuse occurred as well as ChildLine and/or appropriate investigative agency. Such notifications must be provided as soon as possible, but no later than 72 hours after receiving the |

allegation. The notification must be documented.

Interview with the Program Director confirmed this reporting process and noted that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility.

b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes the Program Director of the facility that receives the allegation must notify the Program Director of the other facility or appropriate office of the agency where the alleged abuse occurred and must also notify the appropriate investigative agency. Such notifications must be provided as soon as possible, but no later than 72 hours after receiving the allegation.

Interview with the Program Director confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. WSTU did not receive any allegations that a resident was abused while residing at another facility.

c) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes notifications to the facility where the alleged abuse occurred must be documented and an Adverse Incident Report generated.

Interview with the Program Director confirmed he would document any notification of alleged abuse. He also stated an email would also be sent to the Program Director of the facility where the alleged abuse occurred (after contacting this person by telephone) to provide further documentation. In addition to documenting the allegation, the Program Director noted he would immediately report the allegation of abuse to ChildLine. If the allegation occurred in a facility outside of the state, he stated he would contact the proper investigative agency in the state where the allegation occurred.

d) The Program Director was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at WSTU. He stated he would immediately contact ChildLine to report the allegation of abuse for investigation. He stated if the alleged abuser was still residing or employed at WSTU, a Safety Plan would be developed immediately to ensure the safety of all residents.

The facility did not receive any allegations/notifications from other facilities that a resident was sexually abused or sexually harassed while residing at WSTU during the past 12 months. This was verified through the Pre-Audit Questionnaire and interviews with the Program Director and the Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual

| | |
|---|---|
| | Harassment<br>• Pre-Audit Questionnaire<br><br>Interviews:<br><br>• Interview with the Program Director<br>• Interviews with the Facility PREA Compliance Manager |

| 115.364 | Staff first responder duties |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policies. The first staff member to respond to the scene shall be required to:<br><br>1. Separate the victim and alleged abuser<br>2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence<br>3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating<br>4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating<br>5. Notify the Program Director or designee and document the incident<br>6. Transport to Butler Memorial Hospital<br><br>There were no allegations of sexual abuse or sexual harassment that were reported during the past twelve (12) months that required first responder actions.<br><br>All staff interviewed could articulate the steps they would take as a first responder. Their responses were consistent with the Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment. All staff had detailed steps of First Responder duties on the back of their state-issued ID cards. This auditor did observe the ID card during the on-site portion of the audit.<br><br>b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes first responder duties for non- |

| | |
|---|---|
| | security staff are the same as security staff. Non-security staff have been trained appropriately in the above-mentioned duties as a first responder.<br><br>Non-security staff interviewed were educated in their role as first responders and were able to articulate exactly what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Investigative Reports<br>• Staff ID cards<br><br>Interviews:<br><br>• Interview with the Program Director<br>• Interview with the Facility PREA Compliance Manager<br>• Interviews with First Responder staff<br>• Interviews with 12 randomly selected staff |

| **115.365** | **Coordinated response** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires each facility to have an institutional plan for a coordinated response. A copy of the Western Secure Treatment Unit's Coordinated Response (Institutional Plan) was provided to this auditor. The plan provided clear and concise direction for response to any alleged PREA violation.<br><br>There have been no incidents in the past twelve (12) months that required the use of the coordinated response. Interviews with the Program Director, medical staff, mental health staff, and direct care staff indicated that each is knowledgeable of his/her responsibilities with regards to an incident or allegation of sexual assault. There is a sexual assault checklist that requires the staff person to check off each |

| | |
|---|---|
| | item such as notification of medical, administration, and documentation. All staff interviewed were aware of their program's institutional plan and where to locate the plan.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Sexual Assault Checklist<br>• Coordinated Response (Institutional Plan)<br>• Pre-Audit Questionnaire<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with nurse<br>• Interview with Clinical Director<br>• Interviews with First Responder staff<br>• Interviews with 12 randomly selected staff |

| **115.366** | **Preservation of ability to protect residents from contact with abusers** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that neither BJJS nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining unit agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There have been no new collective bargaining agreements entered into by Western Secure Treatment Unit or BJJS that would violate this standard. The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment authorizes BJJS to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were no reported allegations of staff sexual misconduct during this audit period.<br><br>During interview the Program Director, he stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into |

| | |
|---|---|
| | place. This always includes removing the staff person from contact with the resident or residents and depending upon the allegation, placing the staff member on Administrative Leave until the investigation is completed.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Child Protective Services Law<br>• Union Contracts<br><br>Interview:<br><br>• Interview with Program Director |

| 115.367 | Agency protection against retaliation |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-e) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall ensure all residents and/or staffs who report and/or cooperate with investigations of sexual abuse and/or sexual harassment are protected from retaliation in accordance with BJJS policies 1.01B, Transfer of Residents; 1.06B, Reporting and Investigating Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment and; 1.27A, Multidisciplinary Team.<br><br>Protective measures may include housing or room changes, or transfers for residents, (regardless of if they are victims or abuser); removal of alleged staff or resident(s) from contact with victim(s); emotional support services for residents or staff who fear retaliation for reporting abuse or sexual harassment or for cooperating with investigations. Policy requires monitoring for at least 90 days following an allegation of sexual abuse or sexual harassment (or until an allegation is determined to be Unfounded following investigation). Items that may be monitored include any resident disciplinary reports, housing or programming changes, negative performance reviews, and reassignments of staff.<br><br>Interview with the Program Director indicated he along with the Case Manager, therapist, and Assistant Program Director serve as retaliation monitor at WSTU. They were educated and trained on signs of retaliation. The Assistant Program Director stated the agency would expect that actions would be taken immediately to ensure the resident was safe. It is the expectation of the agency that any resident who reports an allegation of sexual abuse or sexual harassment would be monitored |

| | |
|---|---|
| | for at least 90 days or until the allegation is investigated by the Butler County Children and Youth Agency and the Pennsylvania State Police and determined to be Unfounded. He stated they would monitor the resident by completing status checks for at least 90 days per policy. These status checks are made on a daily basis by checking in with the youth and/or reviewing documentation such as resident disciplinary reports, review of video footage, and housing or programming changes. They monitor behavioral changes in residents, such as isolating oneself. They monitor work records of staff, including tardiness, and absenteeism. Documentation of retaliation monitoring is kept on a Retaliation Monitoring form. This auditor was able to review a Retaliation Monitoring form.<br><br>There were no incidents of retaliation, known or suspected, during the past twelve (12) months.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.01B, Transfer of Residents<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.27A, Multidisciplinary Team<br>• Retaliation Monitoring form<br><br>Interview:<br><br>• Interview with Assistant Program Director who is responsible for monitoring retaliation<br>• Interview with therapist who is responsible for monitoring retaliation<br>• Interview with Case Manager who is responsible for monitoring retaliation |

| **115.368** | **Post-allegation protective custody** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes segregated housing of residents to keep them safe from sexual misconduct is not used and prohibited by BJJS; and BJJS prohibit the use of isolation. |

| | |
|---|---|
| | Interview with the Program Director/Facility PREA Compliance Manager confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with residents at the facility confirmed the prohibition of segregated housing.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Tour of the facility<br><br>Interview:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interviews with 10 random residents |

| **115.371** | **Criminal and administrative agency investigations** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states any reports (direct, indirect, third-party) received involving sexual abuse and/or sexual harassment shall be reviewed by the Facility Program Director or designee to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly, and objectively.<br><br>b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that if the minimum criteria is met, the allegations shall be reported to the Pennsylvania State Police who have been trained in sexual abuse investigations involving juvenile victims. There is a MOU with the Pennsylvania State Police. The facility does not conduct criminal investigations. BJJS Policy and Procedures 1.06B comply with this standard relative to the administrative investigations. BJJS investigators completed PREA investigation training and follow the protocols therein conducting investigations related to the allegations of sexual harassment. This was verified during interview with BJJS Investigator and review of training records.<br><br>c-h) Interview with a representative from Pennsylvania State Police confirmed that |

criminal investigations are completed by the Pennsylvania State Police and include gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes the facility will cooperate with outside investigators and will remain informed of the investigative process. During interview the Program Director, he stated that if an investigation is conducted by the Pennsylvania State Police, they maintain contact with the Pennsylvania State Police investigators during an open investigation via telephone calls, e-mails, and on-site visits. If it is an administrative investigation, they will remain in contact with the investigator from County Children and Youth Agency via telephone calls and emails.

i-j) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy requires that all files are kept as long as the alleged abuser is within BJJS custody or employed by the agency, plus five (5) years. This was confirmed by the Agency PREA Coordinator.

k-m) Per Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, the departure of an alleged abuser or victim from their employment or control by the facility/agency does not provide a basis for termination of an investigation. They state the investigation would continue until a determination is made. This was also confirmed by the Agency PREA Coordinator.

There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. The employee was terminated from employment due to violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.09D, Management of Investigations
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- MOU with Pennsylvania State Police
- Review of 10 resident files
- Investigative Report

- BJJS training records

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Program Director
- Interview with the Facility PREA Compliance Manager
- Interview with BJJS Investigator
- Interview with representative from Pennsylvania State Police
- Interview with representative from the Butler County Children and Youth Agency

| 115.372 | Evidentiary standard for administrative investigations |
|---|---|

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interview with the Agency PREA Coordinator and BJJS Investigator confirmed the process of investigations involving alleged sexual abuse follow these guidelines.

There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. The employee was terminated from employment due to violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Investigative Report

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interview with BJJS Investigator

| | |
|---|---|
| | |

| 115.373 | Reporting to residents |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-e) Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment and Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states juveniles who are currently in the custody of BJJS are entitled to know the outcomes of investigations of their allegations.<br><br>The Program Director and Facility PREA Compliance Manager stated that the resident would continuously be informed as to the on-going status of the investigation, whether it involved another resident or a staff member. They also confirmed that the juveniles who are currently in the custody of BJJS are entitled to know the outcomes of investigations of their allegations. The facility informs the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are documented. If the allegation involved a staff member, the facility informs the juvenile whenever the staff member is no longer posted within the juvenile's unit, when the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility, or when the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation involved another juvenile, the facility informs the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility. If ChildLine is involved, they would notify the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome.<br><br>There was one (1) allegation of resident-on-resident sexual relationship during the past twelve (12) months that was reported to ChildLine and the Pennsylvania State Police. The Pennsylvania State Police did not investigate this incident because there was no physical evidence to support the allegation of sexual contact between the two (2) residents. ChildLine also did not investigate due to lack of physical evidence. It was investigated by a BJJA investigator and determined to be Unsubstantiated. Both residents were informed of the outcome of the investigation.<br><br>There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. The employee was terminated from employment due to |

| | |
|---|---|
| | violating the Zero Tolerance of Sexual Abuse and/or Sexual Harassment policy. The resident was informed of the outcome of the investigation. The facility conducted two (2) Sexual Abuse Incident Reviews, which were reviewed by this auditor.<br><br>All three (3) residents involved in the two (2) allegations were discharged prior to the on-site portion of the audit; thus, there were no residents to interview. All residents were notified about the outcomes of the investigations as it is noted on the Sexual Abuse Incident Review Forms.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Two (2) Sexual Abuse Incident Review Forms<br><br>Interview:<br><br>• Interview with the Program Director<br>• Interview with the Facility PREA Compliance Manager<br>• Interview with BJJS Investigator |

| **115.376** | **Disciplinary sanctions for staff** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states BJJS employees who violate agency sexual abuse and/or sexual harassment policies or who engage in behavior that contributes to sexual abuse and/or sexual harassment of residents shall be subject to disciplinary sanctions up to and including termination. Sexual misconduct perpetrated by staff is contrary to the policies of BJJS and professional ethical principles that all employees are bound to uphold. There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a resident by a person in a position of authority over the resident is a felony subject to criminal prosecution. Retaliation against a resident who refuses to submit to sexual activity or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and grounds for disciplinary action including termination and criminal prosecution. |

| | |
|---|---|
| | b-d) Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination. All dismissals for violations Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation must be reported to law enforcement agencies unless the activity was clearly not criminal and reported to any relevant licensing bodies. Ther was an incident of staff misconduct that was called into ChildLine and investigated by the Pennsylvania State Police. One (1) employee was terminated from employment due to violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy. This investigation was determined to be Unsubstantiated.<br><br>The Pre-Audit Questionnaire indicated that one (1) staff member was terminated for violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy during the past twelve (12) months. This was confirmed during the interviews with the Program Director and interview with the Human Resource Manager. The staff member who was terminated was due to violation of the Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy. This investigation was determined to be Unsubstantiated. The resident was notified of the outcome of the investigation.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Randomly selected staff files<br>• Investigative Report<br>• Sexual Abuse Incident Review Form<br><br>Interview:<br><br>• Interview with Agency PREA Coordinator<br>• Interview with Human Resource Manager<br>• Interview with Program Director<br>• Interview with BJJS Investigator |

| **115.377** | **Corrective action for contractors and volunteers** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with resident and shall be |

| | |
|---|---|
| | reported to law enforcement agencies and to relevant licensing bodies.<br><br>The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.<br><br>b) The Program Director stated that the facility would immediately remove the contractor or volunteer from the facility, would contact appropriate authorities, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard. This was verified by the Human Resource Manager during her interview.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• PA Child Protective Services Law<br>• Signed training acknowledgement of a contractor<br><br>Interview:<br><br>• Interview with the Human Resource Manager<br>• Interview with the Program Director<br>• Interview with the Facility PREA Compliance Manager<br>• Interview with a contractor |

| **115.378** | **Interventions and disciplinary sanctions for residents** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that a resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse. Any resident that violates these policies is subject to disciplinary sanctions commensurate with the nature and circumstances of the incident.<br><br>c) Consideration will be taken into the nature and circumstances of the incident, |

| | |
|---|---|
| | resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Residents are subjected to disciplinary sanctions for contact with staff, if upon investigation, it is determined that the staff member did not consent to such contact. Disciplinary action must be administered in a fair, impartial, and expeditious manner.<br><br>d) Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse. WSTU has a youth handbook that outlines the behavioral treatment program response for such violations. Based upon the therapeutic nature of these programs, the general tenor of responses was therapeutic in nature.<br><br>Interview with the Program Director confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Program Director stated the resident's mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a substantiated or unsubstantiated finding to ensure appropriate discipline was imposed.<br><br>Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.<br><br>Interview with Clinical Director was conducted by this auditor during the on-site portion of this audit. The interview confirmed WSTU does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The Clinical Director stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.<br><br>e) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states the facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact. Interviews with the Program Director confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse during the past twelve (12) months. The Program Director also confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. The Program Director also noted that any suspicion of possible sexual abuse is reported to the ChildLine hotline immediately for investigation.<br><br>There was one (1) resident-on-resident sexual abuse allegation reported during the past twelve (12) months. The allegation was reported to ChildLine and the Pennsylvania State Police. It was investigated by the Pennsylvania State Police, ChildLine, and BJJS investigators. The Pennsylvania State Police and ChildLine did not find any evidence of physical contact between the two (2) residents therefore did not conduct a full investigation. BJJS did conduct a complete investigation. This |

| | |
|---|---|
| | auditor was provided with the investigative report with its findings. The investigation was determined to be Unsubstantiated. Both residents were not disciplined due to no physical evidence to support the allegation of sexual contact between the two (2) residents. Both residents were informed of the outcome of the investigation.<br><br>f) Interview with the Program Director and the Agency PREA Coordinator confirmed that the facility does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment.<br><br>g) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that sexual activity between youth is prohibited, however for such activity to constitute sexual abuse, there must be no assent to the activity, or it must be forcible or coerced. There were no residents to interview during the on-site portion of the audit, both residents had been discharged.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Youth Handbook<br>• Investigative Report<br><br>Interview:<br><br>• Interview with Program Director<br>• Interview with Agency PREA Coordinator<br>• Interview with Clinical Director |

| **115.381** | **Medical and mental health screenings; history of sexual abuse** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-c) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of |

| | |
|---|---|
| | Sexual Abuse and/or Sexual Harassment and BJJS Policy 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment requires that if a resident's intake assessment indicates that they have experienced any prior sexual victimization or have perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the resident will be offered a follow-up meeting with the psychologist, psychiatrist, and/or mental health worker within 14 days of the intake screening. Documentation of such shall be noted on the resident's Vulnerability Assessment Instrument.<br><br>There were fourteen (14) residents admitted during the past twelve (12) months who disclosed prior sexual victimization during risk screening at intake. Interview with the Transitional Service Coordinator and the Clinical Director stated that any resident that discloses prior victimization during risk assessment screening at intake is referred to mental health practitioners for follow up services immediately, well within the fourteen (14) days of intake. Interview with Clinical Director stated that all fourteen (14) residents were offered follow-up therapy. This was verified by review of the resident files. There was one (1) resident that disclosed prior sexual victimization; this resident was interviewed. During interview he denied being sexually victimized and did not want to talk about it. The Clinical Director did confirm that this resident was referred to his therapist for follow-up sessions and he did discuss the situation with her. This is documented in the Juvenile Justice Automated Case System (JJACS).<br><br>Interviews with the Program Director and Agency PREA Coordinator confirmed any information from the intake screen is limited to medical, mental health staff, or other staff as necessary to implement treatment plans, security, and management decisions including housing, bed, and program assignments. This information is not accessible to direct care staff.<br><br>d) During the interview with the Program Director, it was noted they are mandated reporters and are required by law to report any information they receive from a resident relating to sexual abuse. All staff members interviewed stated they inform the resident upon intake of their reporting duties.<br><br>During interview with the Clinical Director, she indicated they are aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with medical and mental health staff within fourteen (14) days of intake. She indicated that services that are offered include evaluations, developing a treatment plan, and offering on-going services. She was also aware that the residents have the right to refuse a follow-up meeting. All residents received physicals within 14 days of admission.<br><br>A review of all resident files noted there was one (1) current resident who had disclosed prior victimization during screening. This auditor interviewed the resident who reported prior victimization during screening but he denied the prior victimization during interview. Per the clinical staff interview, youth have access to medical services in the community. When a disclosure of prior abuse occurs, and services are offered by clinical staff, which is documented in the resident's case file |

| | |
|---|---|
| | and in Juvenile Justice Automated Case System (JJACS). Access to these files is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.<br><br>A review of ten (10) resident files noted there was one (1) current resident who disclosed prior victimization during screening. This auditor interviewed the resident who reported prior victimization during screening but he denied the prior victimization during interview. If a resident discloses prior victimization during the screening, a safety plan is developed to keep the resident safe at the facility. Per medical staff interview, youth have access to all the same medical services available to youth in the community. When a disclosure of prior abuse occurs, and services are offered by medical and mental health staff, this is documented in the Juvenile Justice Automated Case System (JJACS). Access to this system is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Secondary medical documentation<br>• Vulnerability Assessments of ten (10) residents<br>• Files of ten (10) residents<br>• Juvenile Justice Automated Case System (JJACS) resident files<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with Clinical Director<br>• Interview with Transitional Service Coordinator<br>• Interview with nurse<br>• Interviews with 10 randomly selected residents<br>• Interview with resident who disclosed prior victimization during screening |

| **115.382** | **Access to emergency medical and mental health services** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

| | |
|---|---|
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis prevention services. It is noted that the resident will be immediately transported to Butler Memorial Hospital for a forensic medical exam. The outside medical facility's trained Sexual Assault Nurse Examiner (SANE) will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. If a youth refuses to be examined at the hospital, such refusal must be properly documented on the appropriate form(s).<br><br>WSTU has a MOU in place with Butler Memorial Hospital to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and provide medical/mental health services at no cost to the victim. This MOU was provided to this auditor for review. In addition, this auditor contacted a representative from Butler Memorial Hospital to confirm resident victims are referred to their facility and receive the services noted in the MOU.<br><br>There were no residents at the facility who reported sexual abuse involving penetration during the past twelve (12) months. Therefore, there were no residents sent to Butler Memorial Hospital for a forensic examination.<br><br>b) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states if no qualified medical or mental health practitioners are on duty at the time of the report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner. In addition, first responders will not allow the youth to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital for the gathering of such evidence.<br><br>All staff members interviewed confirmed the duties of a first responder and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse. All staff had First Responder duties noted on the back of their state-issued ID cards. This was verified by observing the ID cards of staff during the on-site portion of the audit.<br><br>c) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states victims of sexual abuse are offered timely information about sexually transmitted infections prophylaxis. This is in accordance with professionally accepted standards of care, where medically appropriate.<br><br>This auditor interviewed the Clinical Director and nurse during the on-site portion of the audit. They stated any resident of sexual abuse would be offered information and timely access to sexually transmitted infections prophylaxis while at WSTU, by the medical department, Butler Memorial Hospital and/or by Passages. |

| | |
|---|---|
| | d) Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states all medical, mental health, and counseling services must be provided at no cost to the youth.<br><br>This auditor was able to interview the Program Director, Clinical Director, and nurse during the on-site portion of this audit; and a representative from Butler Memorial Hospital. All interviewed confirmed that any victim of sexual assault would be referred to Butler Memorial Hospital and receive medical and mental health treatment at no cost to the victim.<br><br>WSTU has a MOU with the Butler Memorial Hospital. Passages is notified by the resident, staff, family and/or the facility. They will send an advocate to the hospital and meet with the victim and guide the victim through the SANE examination, investigation process, interviews, and arrange for counseling and support services for the resident. These services will be at no cost to the resident.<br><br>Interviews with the Program Director and the Facility PREA Compliance Manager confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOU with Butler Memorial Hospital, Passages, and speaking to a representative from each.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• MOU with Butler Memorial Hospital<br>• MOU with Passages<br>• Facility Coordinated Response (Institutional Plan)<br>• Staff ID cards<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with representative from Butler Memorial Hospital<br>• Interview with representative from Passages<br>• Interview with Clinical Director<br>• Interview with nurse<br>• Interviews with 12 randomly selected staff |

| 115.383 | Ongoing medical and mental health care for sexual abuse victims and abusers |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 1.26C, Transitional Services states, if the screening indicates that a resident has previously penetrated or experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment also states that any resident or resident offender will be assessed and offered follow-up counseling that will be on-going within sixty (60) days of learning about the abuse history. However, the counseling usually occurs the same day staff learn about it. In the event a sexual assault incident was to occur, the victim would receive services from the community provider as outlined in the statewide MOU. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.<br><br>Interview with the Program Director and with the Clinical Director confirmed all residents are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.<br><br>b) Medical and mental health evaluations completed on each resident at the facility include a diagnosis and recommendation. Clinical Director interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow-up services would occur more frequently, and recommendations would include more specific follow-up services. Medical evaluations are conducted by the Medical Department.<br><br>c-h) Interviews with the Program Director and nurse confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow-up with the community medical provider. This would occur if the victim was tested at the hospital or not.<br><br>Interview with the Program Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, they stated the level of the care that a resident receives is consistent with the community level of care. The youth would have the option of community providers for ongoing mental health services.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance |

| | |
|---|---|
| | of Sexual Abuse and/or Sexual Harassment<br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.26C, Transitional Services<br>• Pre-Audit Questionnaire<br>• Files of ten (10) residents<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with Clinical Director<br>• Interview with nurse |

| **115.386** | **Sexual abuse incident reviews** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-e) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that within 30 days of the conclusion of every sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. The Program Director shall convene a Review Team including upper-level management officials. The Review Team shall obtain input from direct care staff, supervisors, investigators, medical, mental health professionals, and other employees as appropriate. In addition, the Review Team must:<br><br>1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.<br>2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.<br>3. Examine the area of the facility where the incident allegedly occurred to access whether the physical layout may enable abuse.<br>4. Assess the adequacy of staffing levels in that area during different shifts.<br>5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.<br>6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Program Director. |

| | |
|---|---|
| | The facility must implement the recommendations for improvement or must document its reasons for not doing so.<br>The Program Director stated the Incident Review Team consists of upper-level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. He stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation. Recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the Program Director.<br><br>There were two (2) incidents within the past twelve (12) months that did require an incident review. The Sexual Abuse Incident Review Team consists of upper-level management, medical, clinical, Agency PREA Coordinator, and a BJJS investigator. This auditor reviewed the Sexual Abuse Incident Review form which indicated that a member of the team did go to the area of the incident; and they did review video footage, observe staff locations and response. Interview with a member of the Incident Review Team stated that they reviewed practice and procedures and made their recommendations. Interview with the Program Director indicated that all PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report. Recommendations from the Sexual Abuse Incident Review included training all staff on boundary issues, reinforcing bathroom procedures, and staff posting during showers.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Two (2) Sexual Abuse Incident Review Forms<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Facility PREA Compliance Manager<br>• Interview with Incident Review Team member |

| **115.387** | **Data collection** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-f) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of |

| | |
|---|---|
| | Sexual Abuse and/or Sexual Harassment states that the Facility PREA Compliance Manager collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. Agency PREA Coordinator shall aggregate the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon requests, BJJS shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th. Western Secure Treatment Unit first opened in November 2023 ad they have not been requested by the Department of Justice to complete the Survey of Sexual Violence.<br><br>An interview with BJJS PREA Coordinator indicated that he keeps detailed records for all incidents to generate the annual report and/or data required by the United States Department of Justice. There was one (1) reported allegation of staff sexual misconduct during the past twelve (12) months. The allegation was reported to ChildLine, and the Pennsylvania State Police. It was investigated by the Butler County Children and Youth, Pennsylvania State Police, and by BJJS Investigator. The allegation was determined to be Unsubstantiated. The employee was terminated from employment for violating the Zero-Tolerance of Sexual Abuse and/or Sexual Harassment policy.<br><br>This auditor was able to review the agency website and reviewed the Annual Report that is posted.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• 2024 Annual PREA Report<br>• Investigative Report<br>• Agency Website<br><br>Interview:<br><br>• Interview with Program Director<br>• Interview with Agency PREA Coordinator<br>• Interview with Facility PREA Compliance Manager<br>• BJJS Investigator |

| **115.388** | **Data review for corrective action** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |

| | |
|---|---|
| | **Auditor Discussion** |
| | a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states BJJS shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:<br><br>1. Identifying problem areas<br>2. Taking corrective action on an on-going basis<br>3. Preparing an annual report of its findings and corrective actions for BJJS after corrective actions<br><br>Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of BJJS's progress in addressing sexual abuse.<br><br>b-c) The annual report shall be approved by the BJJS Director and made readily available to the public through the DHS website. Specific material is redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. BJJS shall also remove all personal identifiers from the report. The most recent Annual PREA Report (2024) is posted on the DHS website and was reviewed by this auditor.<br><br>d) Upon request, BJJS provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey has not been requested by the Department of Justice for Western Secure Treatment Unit (WSTU).<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• BJJS Annual PREA Report 2024<br>• DHS website<br><br>Interviews:<br><br>• Interview with Program Director<br>• Interview with Agency PREA Coordinator<br>• Interview with Facility PREA Compliance Manager |

| 115.389 | Data storage, publication, and destruction |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-d) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the agency website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.<br><br>The facility's Annual PREA Report is reviewed and approved by the BJJS Director and made available to the public through the DHS website. The Agency PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2024) is posted on the DHS website and was reviewed by this auditor.<br><br>Reviewed documentation to determine compliance:<br><br>• Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment<br>• Pre-Audit Questionnaire<br>• Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy<br>• BJJS Annual PREA Report 2024<br>• DHS website<br><br>Interviews:<br><br>• Interview with Agency PREA Coordinator<br>• Interview with Program Director |

| 115.401 | Frequency and scope of audits |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | a-n) This is the first PREA audit for Western Secure Treatment Unit. The facility opened in November of 2023. It was first audited on March 18, 2025 during the third year of the fourth three-year cycle.<br><br>The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on January 6, 2025), and pictures of the notifications posted in all common areas, living |

| | |
|---|---|
| | units, conference room, staff offices, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.<br><br>The agency has met this standard by having this facility audited during each 3-year cycle. The reports are posted on the DYS website.<br><br>Reviewed documentation to determine compliance:<br><br>• Pre-Audit Questionnaire<br>• Tour of facility<br>• DHS website<br>• PREA Audit Notification<br>• Photographs of PREA Audit Notification |

| **115.403** | **Audit contents and findings** |
|---|---|
| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Final PREA audit reports from all BJJS facilities are posted on the DHS website. The final PREA reports were posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the DHS website and an interview with the Agency PREA Coordinator.<br><br>Reviewed documentation to determine compliance:<br><br>• DHS website<br><br>Interview:<br><br>• Interview with Agency PREA Coordinator |

| Appendix: Provision Findings | | |
|---|---|---|
| **115.311 (a)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| **115.311 (b)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| **115.311 (c)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| **115.312 (a)** | **Contracting with other entities for the confinement of residents** | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | yes |
| **115.312 (b)** | **Contracting with other entities for the confinement of residents** | |

| | | |
|---|---|---|
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) | yes |
| **115.313 (a)** | **Supervision and monitoring** | |
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? | yes |
| | Does the agency ensure that each facility’s staffing plan takes into consideration the 11 criteria below in calculating adequate | yes |

| | | |
|---|---|---|
| | staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? | yes |
| **115.313 (b)** | **Supervision and monitoring** | |
| | Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? | yes |
| | In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| **115.313 (c)** | **Supervision and monitoring** | |
| | Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |

| | | |
|---|---|---|
| | Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) | yes |
| | Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) | yes |
| | Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) | yes |
| | Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? | yes |
| **115.313 (d)** | **Supervision and monitoring** | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| **115.313 (e)** | **Supervision and monitoring** | |
| | Has the facility 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? (N/A for non-secure facilities ) | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities ) | yes |
| | Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational | yes |

| | | |
|---|---|---|
| | functions of the facility? (N/A for non-secure facilities ) | |
| **115.315 (a)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| **115.315 (b)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? | yes |
| **115.315 (c)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches? | yes |
| **115.315 (d)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? | yes |
| | In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) | yes |
| **115.315 (e)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status? | yes |
| | If a resident’s genital status is unknown, does the facility | yes |

| | | |
|---|---|---|
| | determine genital status during conversations with the resident, 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? | |
| **115.315 (f)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| **115.316 (a)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: | yes |

| | | |
|---|---|---|
| | Residents who have speech disabilities? | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| **115.316 (b)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| **115.316 (c)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's | yes |

| | | |
|---|---|---|
| | safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? | |
| **115.317 (a)** | **Hiring and promotion decisions** | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| **115.317 (b)** | **Hiring and promotion decisions** | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? | yes |
| **115.317** | **Hiring and promotion decisions** | |

| | | |
|---|---|---|
| **(c)** | | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? | yes |
| | Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| **115.317 (d)** | **Hiring and promotion decisions** | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| | Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? | yes |
| **115.317 (e)** | **Hiring and promotion decisions** | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| **115.317 (f)** | **Hiring and promotion decisions** | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current | yes |

| | | |
|---|---|---|
| | employees? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| **115.317 (g)** | **Hiring and promotion decisions** | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| **115.317 (h)** | **Hiring and promotion decisions** | |
| | Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| **115.318 (a)** | **Upgrades to facilities and technologies** | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| **115.318 (b)** | **Upgrades to facilities and technologies** | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| **115.321 (a)** | **Evidence protocol and forensic medical examinations** | |

| | | |
|---|---|---|
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| **115.321 (b)** | **Evidence protocol and forensic medical examinations** | |
| | Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. ) | yes |
| **115.321 (c)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| **115.321 (d)** | **Evidence protocol and forensic medical examinations** | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |

| | | |
|---|---|---|
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| **115.321 (e)** | **Evidence protocol and forensic medical examinations** | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| **115.321 (f)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.) | yes |
| **115.321 (h)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) | yes |
| **115.322 (a)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |

| | | |
|---|---|---|
| **115.322 (b)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| **115.322 (c)** | **Policies to ensure referrals of allegations for investigations** | |
| | If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a)) | yes |
| **115.331 (a)** | **Employee training** | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? | yes |

| | | |
|---|---|---|
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| | Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? | yes |
| **115.331 (b)** | **Employee training** | |
| | Is such training tailored to the unique needs and attributes of residents of juvenile facilities? | yes |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| **115.331 (c)** | **Employee training** | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |

| | | |
|---|---|---|
| **115.331 (d)** | **Employee training** | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| **115.332 (a)** | **Volunteer and contractor training** | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| **115.332 (b)** | **Volunteer and contractor training** | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| **115.332 (c)** | **Volunteer and contractor training** | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| **115.333 (a)** | **Resident education** | |
| | During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | Is this information presented in an age-appropriate fashion? | yes |
| **115.333 (b)** | **Resident education** | |
| | Within 10 days of intake, does the agency provide age-appropriate | yes |

| | | |
|---|---|---|
| | comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| **115.333 (c)** | **Resident education** | |
| | Have all residents received such education? | yes |
| | Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? | yes |
| **115.333 (d)** | **Resident education** | |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? | yes |
| **115.333 (e)** | **Resident education** | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| **115.333 (f)** | **Resident education** | |

| | | |
|---|---|---|
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| **115.334 (a)** | **Specialized training: Investigations** | |
| | In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.334 (b)** | **Specialized training: Investigations** | |
| | Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| | Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.334 (c)** | **Specialized training: Investigations** | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |

| | | |
|---|---|---|
| **115.335 (a)** | **Specialized training: Medical and mental health care** | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.335 (b)** | **Specialized training: Medical and mental health care** | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | yes |
| **115.335 (c)** | **Specialized training: Medical and mental health care** | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |

| | | |
|---|---|---|
| **115.335 (d)** | **Specialized training: Medical and mental health care** | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| **115.341 (a)** | **Obtaining information from residents** | |
| | Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? | yes |
| | Does the agency also obtain this information periodically throughout a resident's confinement? | yes |
| **115.341 (b)** | **Obtaining information from residents** | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| **115.341 (c)** | **Obtaining information from residents** | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? | yes |
| | During these PREA screening assessments, at a minimum, does | yes |

| | | |
|---|---|---|
| | the agency attempt to ascertain information about: Age? | |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident’s own perception of vulnerability? | yes |
| | During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? | yes |
| **115.341 (d)** | **Obtaining information from residents** | |
| | Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? | yes |
| | Is this information ascertained: During classification assessments? | yes |
| | Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident’s files? | yes |
| **115.341 (e)** | **Obtaining information from residents** | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked | yes |

| | | |
|---|---|---|
| | pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | |
| **115.342 (a)** | **Placement of residents** | |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? | yes |
| | Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? | yes |
| **115.342 (b)** | **Placement of residents** | |
| | Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? | yes |
| | During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? | yes |
| | During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? | yes |
| | Do residents in isolation receive daily visits from a medical or mental health care clinician? | yes |
| | Do residents also have access to other programs and work opportunities to the extent possible? | yes |

| | | |
|---|---|---|
| **115.342 (c)** | **Placement of residents** | |
| | Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? | yes |
| | Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? | yes |
| **115.342 (d)** | **Placement of residents** | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems? | yes |
| **115.342 (e)** | **Placement of residents** | |
| | Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident? | yes |
| **115.342 (f)** | **Placement of residents** | |
| | Are each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when | yes |

| | | |
|---|---|---|
| | making facility and housing placement decisions and programming assignments? | |
| **115.342 (g)** | **Placement of residents** | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| **115.342 (h)** | **Placement of residents** | |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) | yes |
| | If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) | yes |
| **115.342 (i)** | **Placement of residents** | |
| | In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| **115.351 (a)** | **Resident reporting** | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| **115.351 (b)** | **Resident reporting** | |
| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private | yes |

| | | |
|---|---|---|
| | entity or office that is not part of the agency? | |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| | Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? | yes |
| **115.351 (c)** | **Resident reporting** | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| **115.351 (d)** | **Resident reporting** | |
| | Does the facility provide residents with access to tools necessary to make a written report? | yes |
| **115.351 (e)** | **Resident reporting** | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| **115.352 (a)** | **Exhaustion of administrative remedies** | |
| | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| **115.352 (b)** | **Exhaustion of administrative remedies** | |

| | | |
|---|---|---|
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (c)** | **Exhaustion of administrative remedies** | |
| | Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (d)** | **Exhaustion of administrative remedies** | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (e)** | **Exhaustion of administrative remedies** | |

| | | |
|---|---|---|
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| | Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) | yes |
| | If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (f)** | **Exhaustion of administrative remedies** | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |

| | | |
|---|---|---|
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| **115.352 (g)** | **Exhaustion of administrative remedies** | |
| | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| **115.353 (a)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? | yes |
| | Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? | yes |
| **115.353 (b)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and | yes |

| | | |
|---|---|---|
| | the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | |
| **115.353 (c)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| **115.353 (d)** | **Resident access to outside confidential support services and legal representation** | |
| | Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? | yes |
| | Does the facility provide residents with reasonable access to parents or legal guardians? | yes |
| **115.354 (a)** | **Third-party reporting** | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| **115.361 (a)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

| | | |
|---|---|---|
| | information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | |
| **115.361 (b)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? | yes |
| **115.361 (c)** | **Staff and agency reporting duties** | |
| | Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| **115.361 (d)** | **Staff and agency reporting duties** | |
| | Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? | yes |
| | Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| **115.361 (e)** | **Staff and agency reporting duties** | |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? | yes |
| | Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? | yes |
| | If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim’s caseworker instead of | yes |

| | | |
|---|---|---|
| | the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) | |
| | If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? | yes |
| **115.361 (f)** | **Staff and agency reporting duties** | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| **115.362 (a)** | **Agency protection duties** | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| **115.363 (a)** | **Reporting to other confinement facilities** | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| | Does the head of the facility that received the allegation also notify the appropriate investigative agency? | yes |
| **115.363 (b)** | **Reporting to other confinement facilities** | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| **115.363 (c)** | **Reporting to other confinement facilities** | |
| | Does the agency document that it has provided such notification? | yes |
| **115.363 (d)** | **Reporting to other confinement facilities** | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in | yes |

| | | |
|---|---|---|
| | accordance with these standards? | |
| **115.364 (a)** | **Staff first responder duties** | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| **115.364 (b)** | **Staff first responder duties** | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| **115.365 (a)** | **Coordinated response** | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| **115.366 (a)** | **Preservation of ability to protect residents from contact with abusers** | |

| | | |
|---|---|---|
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| **115.367 (a)** | **Agency protection against retaliation** | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| **115.367 (b)** | **Agency protection against retaliation** | |
| | Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? | yes |
| **115.367 (c)** | **Agency protection against retaliation** | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report | yes |

| | | |
|---|---|---|
| | of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| **115.367 (d)** | **Agency protection against retaliation** | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| **115.367 (e)** | **Agency protection against retaliation** | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| **115.368 (a)** | **Post-allegation protective custody** | |
| | Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? | yes |

| | | |
|---|---|---|
| **115.371 (a)** | **Criminal and administrative agency investigations** | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).) | yes |
| **115.371 (b)** | **Criminal and administrative agency investigations** | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? | yes |
| **115.371 (c)** | **Criminal and administrative agency investigations** | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| **115.371 (d)** | **Criminal and administrative agency investigations** | |
| | Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? | yes |
| **115.371 (e)** | **Criminal and administrative agency investigations** | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| **115.371** | **Criminal and administrative agency investigations** | |

| | | |
|---|---|---|
| **(f)** | | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| **115.371 (g)** | **Criminal and administrative agency investigations** | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| **115.371 (h)** | **Criminal and administrative agency investigations** | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| **115.371 (i)** | **Criminal and administrative agency investigations** | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| **115.371 (j)** | **Criminal and administrative agency investigations** | |
| | Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? | yes |
| **115.371 (k)** | **Criminal and administrative agency investigations** | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency | yes |

| | | |
|---|---|---|
| | does not provide a basis for terminating an investigation? | |
| **115.371 (m)** | **Criminal and administrative agency investigations** | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) | yes |
| **115.372 (a)** | **Evidentiary standard for administrative investigations** | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| **115.373 (a)** | **Reporting to residents** | |
| | Following an investigation into a resident’s allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| **115.373 (b)** | **Reporting to residents** | |
| | If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | yes |
| **115.373 (c)** | **Reporting to residents** | |
| | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? | yes |
| | Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency | yes |

| | | |
|---|---|---|
| | has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.373 (d)** | **Reporting to residents** | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.373 (e)** | **Reporting to residents** | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| **115.376 (a)** | **Disciplinary sanctions for staff** | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |

| | | |
|---|---|---|
| **115.376 (b)** | **Disciplinary sanctions for staff** | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| **115.376 (c)** | **Disciplinary sanctions for staff** | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| **115.376 (d)** | **Disciplinary sanctions for staff** | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| **115.377 (a)** | **Corrective action for contractors and volunteers** | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| **115.377 (b)** | **Corrective action for contractors and volunteers** | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |

| | | |
|---|---|---|
| **115.378 (a)** | **Interventions and disciplinary sanctions for residents** | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? | yes |
| **115.378 (b)** | **Interventions and disciplinary sanctions for residents** | |
| | Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? | yes |
| | In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? | yes |
| **115.378 (c)** | **Interventions and disciplinary sanctions for residents** | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| **115.378 (d)** | **Interventions and disciplinary sanctions for residents** | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? | yes |

| | | |
|---|---|---|
| | If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? | yes |
| **115.378 (e)** | **Interventions and disciplinary sanctions for residents** | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| **115.378 (f)** | **Interventions and disciplinary sanctions for residents** | |
| | For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| **115.378 (g)** | **Interventions and disciplinary sanctions for residents** | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| **115.381 (a)** | **Medical and mental health screenings; history of sexual abuse** | |
| | If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? | yes |
| **115.381 (b)** | **Medical and mental health screenings; history of sexual abuse** | |
| | If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? | yes |
| **115.381 (c)** | **Medical and mental health screenings; history of sexual abuse** | |

| | | |
|---|---|---|
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| **115.381 (d)** | **Medical and mental health screenings; history of sexual abuse** | |
| | Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? | yes |
| **115.382 (a)** | **Access to emergency medical and mental health services** | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| **115.382 (b)** | **Access to emergency medical and mental health services** | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? | yes |
| | Do staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| **115.382 (c)** | **Access to emergency medical and mental health services** | |
| | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| **115.382 (d)** | **Access to emergency medical and mental health services** | |
| | Are treatment services provided to the victim without financial | yes |

| | | |
|---|---|---|
| | cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | |
| **115.383 (a)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| **115.383 (b)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| **115.383 (c)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| **115.383 (d)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) | na |
| **115.383 (e)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) | na |
| **115.383 (f)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| **115.383 (g)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or | yes |

| | | |
|---|---|---|
| | cooperates with any investigation arising out of the incident? | |
| **115.383 (h)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| **115.386 (a)** | **Sexual abuse incident reviews** | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| **115.386 (b)** | **Sexual abuse incident reviews** | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| **115.386 (c)** | **Sexual abuse incident reviews** | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| **115.386 (d)** | **Sexual abuse incident reviews** | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |

| | | |
|---|---|---|
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| **115.386 (e)** | **Sexual abuse incident reviews** | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| **115.387 (a)** | **Data collection** | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| **115.387 (b)** | **Data collection** | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| **115.387 (c)** | **Data collection** | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| **115.387 (d)** | **Data collection** | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| **115.387 (e)** | **Data collection** | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for | yes |

| | | |
|---|---|---|
| | the confinement of its residents.) | |
| **115.387 (f)** | **Data collection** | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| **115.388 (a)** | **Data review for corrective action** | |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| **115.388 (b)** | **Data review for corrective action** | |
| | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? | yes |
| **115.388 (c)** | **Data review for corrective action** | |
| | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| **115.388 (d)** | **Data review for corrective action** | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when | yes |

| | | |
|---|---|---|
| | publication would present a clear and specific threat to the safety and security of a facility? | |
| **115.389 (a)** | **Data storage, publication, and destruction** | |
| | Does the agency ensure that data collected pursuant to § 115.387 are securely retained? | yes |
| **115.389 (b)** | **Data storage, publication, and destruction** | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| **115.389 (c)** | **Data storage, publication, and destruction** | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| **115.389 (d)** | **Data storage, publication, and destruction** | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| **115.401 (a)** | **Frequency and scope of audits** | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| **115.401 (b)** | **Frequency and scope of audits** | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |

| | | |
|---|---|---|
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| **115.401 (h)** | **Frequency and scope of audits** | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| **115.401 (i)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| **115.401 (m)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| **115.401 (n)** | **Frequency and scope of audits** | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| **115.403 (f)** | **Audit contents and findings** | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |