

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: June 26, 2023

Audit Findings

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.313

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

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

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA Coordinator? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA Coordinator have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The 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 [Loysville Youth Development Center (LYDC)] 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.

BJJS has a designated PREA Coordinator who reports directly to the Policy, Program & Staff Development Director. The official title is BJJS PREA Coordinator. The Agency PREA Coordinator oversees five (5) Facility PREA Compliance Managers for each of the five (5) 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 Policy, Program & Staff Development Director 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 LYDC. 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 May 22, 2023.

LYDC has a designated Facility PREA Compliance Manager. His official title is Clinical Manager at LYDC. The Facility PREA Compliance Manager has served in this role for approximately 10 years and is knowledgeable of the PREA standards. This is his fourth PREA audit as the Facility PREA Compliance Manager. He was interviewed by this auditor during the on-site portion of this audit on May 22nd and stated he has sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- BJJS Organizational Chart
- Loysville Youth Development Center Organizational Chart
- Pre-audit Questionnaire

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility Director
- Interview with Facility PREA Compliance Manager

Standard 115.312: Contracting with other entities for the confinement of residents

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

115.312 (a)

- 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 No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012, provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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LYDC 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 Facility Director. As a result of LYDC not contracting for the confinement of its residents with other agencies/entities, there were no contracts for this auditor to review.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility Director

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 - Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- 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 if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- 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 functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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- 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 Facility 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:
 1. Generally accepted juvenile detention and correctional/secure residential practices;
 2. Any judicial findings of inadequacy;
 3. Any findings of inadequacy from federal investigative agencies;
 4. Any findings of inadequacy from internal or external oversight bodies;
 5. All components of the facility's physical plant (including "blind spots" and/or areas where staff or youth may be isolated);
 6. Composition of the different facilities;
 7. Number and placements of supervisory staff;
 8. Programs occurring on each shift;
 9. Relevant laws, regulations, and standards;
 10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

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 Facility 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 Facility Director and by review of the facility staff schedules.

The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) at LYDC 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 April 5, 2023. The facility is currently budgeted for eighty-two (82) direct care staff; fifty-three (53) positions are currently filled.

LYDC is equipped with six hundred (600) video surveillance cameras (542 indoor cameras and 58 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 Facility Director and Youth Development Counselor Managers 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 flash drive. It was noted during interviews with the Facility Director and Youth Development Counselor Manager that random video surveillance is reviewed on a weekly basis by the Supervisors at LYDC. It was noted that the video surveillance system was installed in 2011 and upgraded in 2021. Interview the Facility Director confirmed the video surveillance system is inspected on an annual basis.

- 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.

The Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. The Facility Director also reported that in the event administrative staff at LYDC 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 Facility 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.

- 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 Facility Director."

The Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) states the facility runs at a minimum of 1:16 staff to resident ratio during Shift 1 (11:00pm to 7:00am) and a minimum of 1:8 staff to resident ratio during Shift 2 (7:00am to 3:00pm) and Shift 3 (3:00pm to 11:00pm). 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 thirty-four (34) residents residing at the facility. There has been a minimum of four (4) staff assigned to each living unit during Shift 2 and Shift 3, and a minimum of three (3) 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.

- 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 Facility Director on April 4, 2023. 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 Facility Director and Youth Development Counselor Managers at LYDC. The Facility Director and Youth Development Counselor Managers 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 Director and Youth Development Counselor Manager said that they enter the facility from various entrances and listen to radio transmissions to see if staff are alerting each other. 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 and once during sleeping hours) during the past 12 months.

Review of documentation and proof to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- LYDC staff schedules
- Unannounced Rounds Tracking Log
- Resident Roster
- LYDC Annual Vulnerability Assessment (Video Surveillance and Staffing Plan)
- Locations of video surveillance cameras (interior and exterior)

- Tour of the facility

Interviews:

- Interview with Facility Director
- Interview with Youth Development Counselor Manager
- Interview with Facility PREA Compliance Manager
- Interview with random staff from all three (3) shifts
- Interview with random residents

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No
- Does the facility have 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 No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- 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 No
- If a resident's genital status is unknown, does the facility 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? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

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a-c)

The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 7.10A, 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.

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 LYDC. 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 LYDC.

Interviews with residents, staff, clinicians, Facility Director, Youth Development Counselor Manager, and the Facility PREA Compliance Manager confirmed there have been no cross-gender pat searches of residents during the past 12 months at LYDC. 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.

Staff interviewed reported that it is against LYDC policy to conduct any cross-gender pat search. Staff and residents interviewed confirmed there have been no cross-gender pat searches conducted at LYDC.

- 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."

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.

- 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."

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 LYDC during the on-site portion of this audit.

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 Facility Director, Facility PREA Compliance Manager, staff, and residents during the on-site portion of this audit.

- 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.

Reviewed documentation to confirm compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Staff Training Curriculum
- Staff Training Logs
- Tour of facility

Interviews:

- Interview with the Facility Director
- Interview with Youth Development Counselor Manager
- Interview with the Facility PREA Compliance Manager
- Interviews with random staff
- Interviews with residents

Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

115.316 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 speech disabilities? Yes No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.316 (c)

- 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?
 Yes No

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- 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 LYDC 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, LYDC 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.”

This auditor interviewed two (2) 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 two (2) 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).

- 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."

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.

In addition, Limited English Proficient (LEP) interpreters are also available through Language Services Associates Inc. This auditor was provided a comprehensive list of LEP liaisons that are available to residents at LYDC.

There were no limited English proficient residents residing at LYDC 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.

- 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."

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff, the Facility Director, and Facility PREA Compliance Manager that there have been no circumstances during the past 12 months at LYDC 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 Language Services Associates Inc. Staff stated that they have used the interpreting services during the past twelve (12) months for families during case meetings. They also provide Braille for the blind residents and a hearing specialist for the deaf residents when needed.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Contract with Language Services Associates Inc.
- English and Spanish Reporting Posters
- PREA Brochures (English and Spanish)
- Juvenile PREA Intake Orientation Checklist
- Tour of the facility

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interviews with random staff
- Interviews with random residents
- Interviews with two (2) cognitively disabled residents

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

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

115.317 (d)

- Does the agency perform a criminal background record check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

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 Director of Human Resources 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 forty-four (44) 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 Director of Human Resources. 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 two years. Proof of criminal background checks shall be provided to BJJS."

During the past 12 months, there were ten (10) contractors approved to enter LYDC to have contact with residents. This auditor requested and was provided background checks for the ten (10) approved 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."

In addition, the policy states, "BJJS shall ensure all criminal background checks are conducted prior to service, for educational staff assigned to LYDC."

Background checks will be completed no less than every five (5) years.

During interviews with Director of Human Resources and the Agency PREA Coordinator, it was noted that when a person is hired at LYDC, 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.

- 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.
- 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."

This screening process noted above was confirmed during an interview with Director of Human Resources 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.

Director of Human Resources 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.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Review of twelve (12) randomly selected staff files
- Review of Contractors Background Checks

Interviews:

- Interview with the PREA Coordinator
- Interview with the Director of Human Resources

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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 No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) LYDC develops a Staffing Plan on an annual basis (updated on April 4, 2023, by the Facility 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 Facility Director during the on-site portion of this audit.

There have been no expansion or modification projects completed at LYDC since the last PREA audit in 2020. The video surveillance system was updated in 2021.

Through interviews with the Agency Head designee, Agency PREA Coordinator, and the Facility Director, it was confirmed that if there are any additional plans for expansion or modifications at LYDC, 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.

- b) The Video Surveillance and Staffing Plan noted there were six hundred (600) cameras (542 interior cameras and 58 exterior cameras). The facility has a video surveillance system which provides coverage of all housing units, hallways, stairwells, 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 Facility Director and Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- LYDC Annual Vulnerability Assessment (Video Surveillance and Staffing Plan)
- Tour of the facility

Interviews:

- Interview with Agency Head designee
- Interview with Facility PREA Compliance Manager
- Interview with Facility Director

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- 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 evidentiary or medically appropriate? Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

BJJS Investigators conduct administrative investigations for sexual abuse and sexual harassment. All allegations are also reported to ChildLine. An investigator from the Perry County Children and Youth conducts administrative investigations. A representative from the Perry County Children and Youth was contacted and stated that all agents who conduct investigations at LYDC 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. LYDC has a MOU with Pennsylvania State Police which was verified by the auditor.

- 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."
- b) The Facility Director, Facility PREA Compliance Manager, Clinical Director, and nurse stated during their interviews that Carlisle Regional Medical Center is where a resident would be transported for a forensic examination by a SANE/SAFE. LYDC has a Memorandum of Understanding with Carlisle Regional Medical Center that confirms Carlisle Regional Medical Center 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. Carlisle Regional Medical Center will also contact YWCA Violence Intervention Prevention Program to send an advocate to Carlisle Regional Medical Center.
- c) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, that LYDC "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 LYDC during the past 12 months that involved penetration and required a resident to be transported to Carlisle Regional Medical Center for a forensic examination by a SANE/SAFE.

- d) The Agency PREA Coordinator provided this auditor with a Memorandum of Agreement with YWCA Violence Intervention Prevention Program 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 YWCA Violence Intervention Prevention Program was interviewed via phone by this auditor and confirmed an advocate would respond to Carlisle Regional Medical Center to provide rape counseling, emotional support, and advocacy services to any victim of sexual abuse.

- e) LYDC has a Memorandum of Agreement with YWCA Violence Intervention Prevention Program 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 Agreement with YWCA Violence Intervention Prevention Program to review prior to the on-site portion of this audit. In addition, this auditor was able to interview a representative from YWCA Violence Intervention Prevention Program to confirm the services listed in the Memorandum of Agreement are available to any resident victim of sexual abuse at LYDC.

- f) LYDC and the Perry 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 LYDC.

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 Carlisle Regional Medical Center
- MOU with YWCA Violence Intervention Prevention Program
- MOU with Pennsylvania State Police

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with representative from Carlisle Regional Medical Center
- Interview with representative from YWCA Violence Intervention Prevention Program
- Interview with representative from Pennsylvania State Police

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 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 Perry County Children and Youth will investigate all administrative allegations of sexual abuse and/or sexual harassment. BJJS Policies 1.14, 1.06B, and 1.09B 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.
- 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 Facility Director and Facility PREA Compliance Manager confirmed that during an open investigation, communication is maintained between the Perry County Children and Youth and LYDC through telephone calls, emails, and on-site visits. An interview with a representative from the Perry County Children and Youth also confirmed these statements.

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.

- 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.

A representative from the Perry County Children and Youth was contacted and stated her agency completes thorough investigations on each incident and sends a detailed report to the Agency PREA Coordinator noting their findings, determinations, and recommendations at the completion of each investigation. The Facility Compliance Manager noted that following the facility receiving an investigative report from the Perry 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.

There were two (2) allegations of sexual abuse and/or sexual harassment during the past 12 months at LYDC. Both allegations were reported to ChildLine for investigation and were

investigated by BJJS investigator, after ChildLine and the Pennsylvania State Police determined they did not meet the criteria.

All policies and procedures required by this PREA standard, and the Perry County Children and Youth, are in place at LYDC. Interviews with the Facility Director, Facility PREA Compliance Manager, and the BJJS Investigator stated that all incidents are immediately reported, investigated, and documented.

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
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.09B, Management of Investigations
- MOU with Pennsylvania State Police
- Agency Website
- Investigative Report

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with representative from Perry County Children and Youth
- Interview with BJJS Investigator

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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:

1. The agency's policy on zero tolerance for sexual abuse and sexual harassment.
2. How to fulfill their responsibilities under agency sexual misconduct prevention, detecting, reporting, and response policy and procedures.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment in juvenile facilities.
5. Dynamics of sexual abuse and sexual harassment in confinement.
6. Common reactions of sexual abuse and sexual harassment of juvenile victims.
7. How to detect and respond to signs of threatened and actual sexual misconduct.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Relevant laws regarding the applicable age of consent.

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.

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.

b) PREA training is provided specific to the facility annually.

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.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

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.

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 LYDC PREA Training Roster and confirmed they had the appropriate staff signatures and noted if they understood the training they received.

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.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- PREA Training Curriculum including Power Point
- Mandated Reporter Curriculum
- Training Roster / Electronic Verification

- Training files of contractors
- Random employee files

Interviews:

- Interview with PREA Coordinator
- Interview with the PREA Compliance Manager
- Interviews with random staff

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

- 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 No

115.332 (b)

- 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 No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

a) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "LYDC 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."

LYDC reported that there were ten (10) contractors and zero (0) volunteers currently approved to enter the facility. During the past 12 months, there have been ten (10) contractors and zero (0) volunteers approved to enter the facility.

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.

b) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states, "LYDC 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."

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."

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.

There have been ten (10) contractors approved to enter the facility during the past 12 months. This auditor requested and received signed Volunteer/Contractor Training and Acknowledgement Forms for ten (10) contractors approved to enter LYDC during the past 12 months to confirm they received training prior to entering the facility and having contact with residents.

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. This auditor was able to verify this through training records.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- PREA Brochure for Contractors
- Training logs
- Signed Training Acknowledgements for Contractors and Volunteers

- Educational Signed Acknowledgement for all Teachers

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Contracted Employees (Teachers)
- Interview with contractor

Standard 115.333: Resident education

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

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (b)

- 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 sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)? Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The 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:

1. Their right to have confidential access to their attorney or other legal representation;

2. Their right to have reasonable access to parents or legal guardians;
3. How to report incidents or suspicions of sexual abuse or sexual harassment;
4. The facility's process and procedure for a resident to file a grievance;
5. The facility's process and procedure for accessing the facility's client advocate;
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);
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;
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:
 - a. Their right to be free from sexual abuse and sexual harassment
 - b. Their right to be free from retaliation for reporting sexual abuse or harassment
 - c. 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, LYDC 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 LYDC. 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. In addition, all residents interviewed confirmed they received PREA education during their intake (during their first ten days at the facility).

b) LYDC reports there were fifty-two (52) residents admitted to the facility whose stay was 10 days or longer during the past 12 months. All fifty-two (52) 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 each resident's file had a signed acknowledgement form noting they received the comprehensive PREA education.

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."

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.

Court Liaison Program Supervisor interviewed reported each resident admitted into LYDC 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.

All residents interviewed confirmed they received comprehensive PREA education during their intake at the facility. They also acknowledged reviewing and receiving the PREA pamphlets upon intake.

d) Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy states, "LYDC 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."

Language assistance resources are available through Language Services Associates Inc. 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 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).

Interview with Court Liaison Program Supervisor at LYDC 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 Language Services Associates Inc. 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.

This auditor interviewed two (2) cognitively disabled residents residing at LYDC 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 LYDC during the past 12 months.

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."

All resident intake and comprehensive PREA education are documented on acknowledgment forms specific to LYDC. 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.

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, 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 role in the facility. All residents were also provided with a Resident Handbook that has telephone numbers to report any sexual abuse or sexual harassment.

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.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- PREA Brochures in English and Spanish
- Resident PREA Acknowledgement Form
- PREA Resident Pamphlet and Resident Orientation Booklet
- Posters for Reporting Sexual Abuse and Sexual Harassment in English and Spanish
- Ten (10) resident files PREA Education Program Curriculum
- Resident Handbook
- Contract with Language Services Associates Inc.

Interviews:

- Interview with Court Liaison Program Supervisor
- Random resident interviews
- Interviews with two (2) cognitively disabled residents

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- 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 No NA

115.334 (b)

- 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 No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

b-d) Perry County Office of Children and Youth is responsible for the investigation of all allegations of sexual abuse and sexual harassment at LYDC. A representative from Perry County Office of 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.

LYDC maintains that agency investigators have completed the required specialized training in conducting sexual abuse investigations. There are signed acknowledgment forms with their signatures.

In addition, the Agency PREA Coordinator and Facility Director were able to confirm all allegations of sexual abuse and sexual harassment are referred to ChildLine and Pennsylvania State Police for investigation. There were two (2) allegations of sexual abuse and/or sexual harassment during the past 12 months at LYDC. Both allegations were reported to ChildLine both allegations were investigated by BJJIS Investigators after Perry County Children and Youth and the State Police determined they did not meet the criteria. This was confirmed by Facility PREA Compliance Manager during interview.

All staff members interviewed were aware that Perry County Office of 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

Interviews:

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

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
 Yes No NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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 No NA

115.335 (d)

- 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 No NA
- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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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 BJJJS 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.”

There are currently three (3) medical staff and three (3) mental health staff employed at LYDC. 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.

b) LYDC does not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Carlisle Regional Medical Center by SANE/SAFE.

A Memorandum of Understanding (MOU) is in place with Carlisle Regional Medical Center that confirms Carlisle Regional Medical Center 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 Carlisle Regional Medical Center to confirm compliance.

c) This auditor received and reviewed medical and mental health staff training records, training certificates, and sign off/acknowledgement forms at LYDC. 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.

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 LYDC. 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 LYDC are required to complete. This was also confirmed during interviews with medical and mental health staff at the facility.

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 Carlisle Regional Medical Center
- Employee Training Curriculum
- Documentation of PREA Training for Medical and mental health Staff
- Training Logs

Interviews:

- Interview with nurse
- Interview with mental health staff
- Interview with representative from Carlisle Regional Medical Center

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) the residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that

may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 1.26B, 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.

The policy states that the results of the Vulnerability Assessment are utilized when making bed assignments and determining the appropriate level of supervision necessary.

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 Court Liaison Program Supervisor upon intake. Residents are reassessed periodically (a minimum of every 6 months) after the initial screening by a Court Liaison Program Supervisor. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at LYDC.

During the past 12 months, there were fifty-two (52) residents admitted to LYDC whose length of stay in the facility was for 72 hours or longer. All LYDC 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 a clinician who completes the assessment and by reviewing the database that logs the Vulnerability Assessment Instrument with the Facility PREA Compliance Manager.

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 LYDC. 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.

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 Court Liaison Supervisor 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 Court Liaison Supervisor interviewed was able to explain how he 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.

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.

This auditor was able to review the VAI that is used to screen residents at LYDC 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 at LYDC after the initial screening is completed.

d) Interviews with the Facility PREA Compliance Manager and Court Liaison Supervisor revealed that the Court Liaison Program Supervisor 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 Court Liaison Supervisor that completes the VAI also stated he uses case history notes and behavioral record when completing the initial VAI during intake.

e) All completed VAIs are securely kept in the resident's electronic file and have restricted access for mental health and administrative staff at LYDC. 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.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- The Pennsylvania Bureau of Juvenile Services Policy 1.26B, Transitional Services
- Pre-Audit Questionnaire
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Completed Vulnerability Assessment Instruments for ten (10) residents
- Six-month Reassessments
- Health and Safety Assessments
- Review of resident files

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with the Court Liaison Supervisor
- Interview with staff that performs the screening for risk of victimization and abusiveness
- Interviews with random residents

Standard 115.342: Use of screening information

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

115.342 (a)

- 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 No
- 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 No

- 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 No
- 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 No
- 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 No

115.342 (b)

- 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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- 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 No
- 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 No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive? Yes No

115.342 (d)

- 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 No
- 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 No

115.342 (e)

- 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 No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)

Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

- a. 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.
- b. All housing placements will be made with the sole intention of ensuring the resident's health and safety.
- c. 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.
- d. Transgender or Intersex residents shall follow the LYDC operating procedures in regard to showering separately.

Isolation is not practiced and is prohibited by LYDC 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 LYDC. 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 Facility Director and Facility PREA Compliance Manager confirmed the Vulnerability Assessment Instrument is completed by the Court Liaison Program Supervisor within 72 hours of intake and living units and bedroom assignments are made accordingly to keep all residents at LYDC 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 LYDC. There were no residents residing at LYDC 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.

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."

It was documented on the PAQ that there were no residents in isolation during the past 12 months at LYDC. Interviews with the Facility Director and the Facility PREA Compliance Manager confirmed LYDC 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 LYDC. During the four of the facility, this auditor did not notice any areas where a resident could be isolated.

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."

There were no residents residing at LYDC who identified as LGBTI during the time of the on-site portion of this audit. Interviews with the Facility 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.

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 programming assignments, LYDC 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.

There were no transgender residents admitted to LYDC 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 LYDC during the past 12 months. The Facility PREA Compliance Manager and the Psychological Services Associate 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 LYDC 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 LYDC 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 LYDC 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 LYDC during the on-site portion of this audit.

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 the 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 LYDC 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.

Reviewed documentation to determine compliance:

- The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Resident Hygiene Policy
- Vulnerability Assessment of 10 residents
- Housing/Room Logs
- Review of resident files

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with Court Liaison Supervisor who conducts risk screening
- Interview with Psychological Services Specialist

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

1. Direct reporting to an employee, educational staff, medical staff, or contracted entity;
2. Privately reporting to a public or private entity, or an office that is not part of the agency;
3. Privately reporting to ChildLine;

4. Third parties including family members, Parole Officers, Caseworkers, and attorneys.

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 (YWCA Violence Intervention Prevention Program Crisis Hotline or ChildLine), their parents, POs, or caseworkers. Several residents pointed out the Blue Phone that has direct access to YWCA Violence Intervention Prevention Program. This auditor picked up the phone and it was answered by a staff member from YWCA Violence Intervention Prevention Program.

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 YWCA Violence Intervention Prevention Program."

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 LYDC 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 YWCA Crisis Hotline or ChildLine.

The primary reporting mechanism is to an outside agency, YWCA Violence Intervention Prevention Program 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 during the on-site portion of the audit and speak to a staff member from YWCA Violence Intervention Prevention Program. This reporting method is informed to all youth upon intake, on PREA pamphlets, and posted throughout the facility.

There were two (2) reported allegations of sexual abuse and sexual harassment during the past twelve (12) months. There were no residents who alleged abuse to interview by this auditor. There were two (2) allegations of sexual abuse that were reported to ChildLine. ChildLine accepted one (1) allegation and referred it to the Pennsylvania State Police. The Pennsylvania State Police did not accept the case. It was investigated by BJJS and determined to be Substantiated. The second allegation was not accepted by ChildLine and it was investigated by BJJS and determined to be Unfounded.

Most residents interviewed were aware of their right to contact outside agencies including YWCA Violence Intervention Prevention Program 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.

There were no residents placed at LYDC 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.

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.

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.

d) The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states BJJJS 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.

Youth also have the option of reporting allegations to YWCA Violence Intervention Prevention Program 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.

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 YWCA Violence Intervention Prevention Program 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.

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.

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
- Pre-Audit Questionnaire
- Grievance Policy
- Resident Handbook in Spanish and English
- Pa Child Protective Services Law
- Mandated Reporter Training Curriculum
- Telephone and Visitation Policy
- Posters in facility
- MOU with YMCA Violence Intervention Prevention Program

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with residents
- Interview with representative from YMCA Violence Intervention Prevention Program

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

- Is the agency exempt from this standard? 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 No

115.352 (b)

- 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 No NA
- Does the agency always refrain from requiring a 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 No NA

115.352 (c)

- 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 No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 10 resident files, and all contained notification of the grievance process.

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 Court Liaison Program Supervisor 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.

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.

There were no grievances filed by third parties alleging sexual abuse, sexual harassment, or retaliation at LYDC 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.

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 3.03A, Resident Grievances
- Pre-Audit Questionnaire
- Resident Handbook
- Facility grievance records
- Grievance forms
- Files of 10 residents

Interviews:

- Interview with Facility PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with randomly selected residents

Standard 115.353: Resident access to outside confidential support services and legal representation

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

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. LYDC shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

PREA pamphlets contain telephone numbers and addresses for victim advocates from YWCA Violence Intervention Prevention Program. 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 YWCA Violence Intervention Prevention Program. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. LYDC has a Memorandum of Understanding (MOU) with YWCA Violence Intervention Prevention Program. This MOU states YWCA Violence Intervention Prevention Program will provide any victim of sexual abuse a victim advocate.

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 LYDC.

b) Most of the residents interviewed were aware of the services available to them from YWCA Violence Intervention Prevention Program in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with YWCA Violence Intervention Prevention Program 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.

There were two (2) allegations of sexual abuse or sexual harassment at LYDC during the past 12 months. Both were reported to ChildLine and investigated.

c) LYDC has a MOU with YWCA Violence Intervention Prevention Program, and the services they offer. The MOU was reviewed, and this auditor spoke to a representative from YWCA Violence Intervention Prevention Program via telephone prior to the on-site audit. She confirmed the services offered in the MOU.

A MOU is in place with YWCA Violence Intervention Prevention Program 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 YWCA Violence Intervention Prevention Program (to provide advocacy services to any victims of assault at LYDC).

d) Visitation and contact with legal representation and family members is outlined in the Visitation Policy. Loysville 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).

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Telephone and Visitation Policy
- MOU with YWCA Violence Intervention Prevention Program
- Resident Handbook
- English and Spanish PREA posters in the facility
- Resident PREA Brochures

Interviews:

- Interview with the Agency PREA Coordinator
- Interview with the Facility Director
- Interview with PREA Compliance Manager
- Interviews with randomly selected staff
- Interviews with residents
- Interview with representative of YWCA Violence Intervention Prevention Program

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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. BJJJS has established various methods to receive third-party reports of sexual abuse and sexual harassment which includes BJJJS'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.

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 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.

There were no allegations of sexual abuse or sexual harassment filed by a third party at LYDC during the past 12 months.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- BJJJS section of the Department of Human Services public website
- PREA posters

Interviews:

- Interviews with randomly selected staff
- Interviews with residents

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No

- 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 No

115.361 (e)

- 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 No
- 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 No
- If an 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 the parents or legal guardians? Yes No
- 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 No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment stated 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.

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.

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."

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.

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."

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.

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 or 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 Facility 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, Perry County Children and Youth, and the Pennsylvania State Police. The Facility 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 were two (2) allegations of sexual abuse made at LYDC during the past twelve (12) months. Both allegations were reported to ChildLine and were investigated by a BJJS investigator after ChildLine and the Pennsylvania State Police determined they did not meet the criteria for investigation. 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
- Pre-Audit Questionnaire
- Training Logs
- PREA posters
- Employee Handbook
- Investigative Reports

Interviews:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with nurse
- Interview with mental health staff
- Interviews with randomly selected staff

Standard 115.362: Agency protection duties

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

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

The Facility 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 Facility 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 Facility Director stressed the safety of the resident is the agency's utmost priority.

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.

Interview with the Facility 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.

There were no residents that the facility determined were subject to substantial risk of sexual abuse during the past 12 months.

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
- Pre-Audit Questionnaire

Interviews:

- Interview with the Facility Director
- Interviews with the Facility PREA Compliance Manager
- Interviews with randomly selected staff

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 Facility 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 Facility 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 Facility Director of the facility that receives the allegation must notify the Facility 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 Facility Director confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. LYDC 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 Facility Director confirmed he would document any notification of alleged abuse. He also stated an email would also be sent to the Facility 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 Facility 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 Facility 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 LYDC. 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 LYDC, 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 LYDC during the past 12 months. This was verified

through the Pre-Audit Questionnaire and interviews with the Facility 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
- Pre-Audit Questionnaire

Interviews:

- Interview with the Facility Director
- Interviews with the Facility PREA Compliance Manager

Standard 115.364: Staff first responder duties

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

115.364 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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- 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:
1. Separate the victim and alleged abuser
 2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence
 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
 4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
 5. Notify the Facility Director or designee and document the incident
 6. Transport to Carlisle Regional Medical Center

There were no allegations of sexual abuse or sexual harassment that were reported during the past twelve (12) months that required first responder actions.

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.

- 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.

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.

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 Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Investigative Reports

Interviews:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interviews with randomly selected staff

Standard 115.365: Coordinated response

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

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

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 Loysville Youth Development Center's institutional plan was provided to this auditor. The plan provided clear and concise direction for response to any alleged PREA violation.

There have been no incidents in the past twelve (12) months that required the use of the coordinated response. Interviews with the Facility Director, medical staff, mental health staff, and direct care staff indicated that each is knowledgeable of his/her responsibilities in regard 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.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Sexual Assault Checklist
- Pre-Audit Questionnaire

Interviews:

- Interview with Facility Director
- Interview with nurse
- Interview with clinical staff
- Interviews with randomly selected staff

Standard 115.366: Preservation of ability to protect residents from contact with abusers

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

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The 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 Loysville Youth Development Center 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.

During interview the Facility 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.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Child Protective Services Law
- Union Contracts

Interview:

- Interview with Facility Director

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures, 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, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of 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 No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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.

Interview with the Facility Director indicated he along with the YDC Manager serve as retaliation monitor at LYDC. They were educated and trained on signs of retaliation. The Facility 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 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, 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.

There were no incidents of retaliation, known or suspected, during the past twelve (12) months.

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 Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.01B, Transfer of Residents
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.27A, Multidisciplinary Team
- Retaliation Monitoring form

Interview:

- Interview with Facility Director who is responsible for monitoring retaliation
- Interview with YDC Manager who is responsible for monitoring retaliation

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 Facility 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.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Tour of the facility

Interview:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interviews with random residents

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (b)

- 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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (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 No

- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.371 (i)

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

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

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.

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 Facility 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 BJJIS 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 were two allegations of sexual abuse during the past twelve (12) months at LYDC. Both allegations were reported to ChildLine. They did not accept one (1) allegation because it did not meet the criteria and referred the second one to the Pennsylvania State Police. The State Police reviewed the information and determined it did not meet the requirements for an investigation. BJJIS investigators conducted the two (2) investigations. One (1) was determined to be Unfounded and one (1) was Substantiated. Interviews with the Facility Director and representative from the Pennsylvania State Police confirmed this and verified protocols in place for criminal investigations.

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 Reports

Interviews:

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

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 were two (2) allegations of sexual abuse during the past 12 months at LYDC. Both allegations were called into ChildLine and investigated.

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.373: Reporting to residents

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

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.373 (c)

- 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 No
- 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 employed at the facility? Yes No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 BJJJS are entitled to know the outcomes of investigations of their allegations.

The Facility 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 BJJJS 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.

There were two (2) allegations of sexual abuse that were reported during the twelve (12) months at LYDC. Both investigations were reported to ChildLine. One (1) allegation was determined to be

Substantiated, and the second one was determined to be Unfounded. The residents were informed of the outcome of both investigations.

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
- Investigative Reports

Interview:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with Investigator

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

The Pre-Audit Questionnaire indicated that no staff members were terminated for violating any sexual abuse or sexual harassment policies during the past twelve (12) months. This was confirmed during the interviews with the Facility Director and interview with the Director of Human Resources.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Randomly selected staff files

Interview:

- Interview with Agency PREA Coordinator
- Interview with Director of Human Resources
- Interview with Facility Director

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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.

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.

b) The Facility 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 Director of Human Resources during his interview.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- PA Child Protective Services Law
- Signed training acknowledgement of a contractor

Interview:

- Interview with the Director of Human Resources
- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with a contractor

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- 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 No

115.378 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- 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 No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

- If the agency prohibits all sexual activity between 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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.

d) Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse. LYDC 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.

Interview with the Facility Director confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Facility 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.

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.

Interview with mental health staff was conducted by this auditor during the on-site portion of this audit. The interview confirmed LYDC does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The mental health staff stated the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

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 Facility 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 Facility 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 Facility Director also noted that any suspicion of possible sexual abuse is reported to the ChildLine hotline immediately for investigation.

There was one (1) Substantiated allegation of resident-on-resident sexual abuse during the past twelve (12) months. Interview with mental health staff stated that the resident was disciplined after they looked at the nature of the incident, resident's history, and his mental health at the time of the incident. The clinician stated that the resident was disciplined according to the outlines of the behavioral treatment program. The perpetrator and other resident were offered follow-up therapy.

f) Interview with the Facility 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

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.

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
- Pre-Audit Questionnaire
- Youth Handbook

Interview:

- Interview with Facility Director
- Interview with Agency PREA Coordinator

- Interview with mental health staff

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

115.381 (a)

- 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 No

115.381 (b)

- 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 No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

There were no residents admitted during the past twelve (12) months who disclosed prior sexual victimization during risk screening at intake. Interview with the Court Liaison Program Supervisor and the Psychological Services Specialist 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.

Interviews with the Facility 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.

d) During the interview with the Facility 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.

During interview with the Psychological Services Specialist, he 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. He indicated that services that are offered include evaluations, developing a treatment plan, and offering on-going services. He was also aware that the residents have the right to refuse a follow-up meeting. All residents received physicals within 14 days of admission.

A review of all resident files noted there were no current residents who had disclosed prior victimization during screening. 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 a community doctor shortly after arrival at the facility.

A review of ten (10) resident files noted there were no current residents who disclosed prior victimization during screening. 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 shortly after arrival at the facility.

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 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Secondary medical documentation
- Vulnerability Assessments of ten (10) residents
- Files of ten (10) residents
- Log of Admissions for past twelve (12) months

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with Psychological Services Specialist
- Interview with Court Liaison Program Supervisor
- Interview with nurse
- Interviews with residents

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

- 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 No

115.382 (b)

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

115.382 (c)

- 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 No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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 Carlisle Regional Medical Center 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).

LYDC has a MOU in place with Carlisle Regional Medical Center 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 Carlisle Regional Medical Center to confirm resident victims are referred to their facility and receive the services noted in the MOU.

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 Carlisle Regional Medical Center for a forensic examination.

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.

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.

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.

This auditor interviewed the Psychological Services Specialist, during the on-site portion of the audit, who stated any resident of sexual abuse would be offered information and timely access to sexually transmitted infections prophylaxis while at LYDC, by the medical department, Carlisle Regional Medical Center and/or by YWCA Violence Intervention Prevention Program.

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.

This auditor was able to interview the Facility Director and Psychological Services Specialist during the on-site portion of this audit and a representative from Carlisle Regional Medical Center. All interviewed confirmed that any victim of sexual assault would be referred to Carlisle Regional Medical Center and receive medical and mental health treatment at no cost to the victim.

LYDC has a MOU with the Carlisle Regional Medical Center. YWCA Violence Intervention Prevention Program 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.

Interviews with the Facility 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 Carlisle Regional Medical Center, YWCA Violence Intervention Prevention Program, and speaking to a representative from each.

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 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- MOU with Carlisle Regional Medical Center
- MOU with YWCA Violence Intervention Prevention Program
- Facility Institutional Plan

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with representative from Carlisle Regional Medical Center
- Interview with representative from YWCA Violence Intervention Prevention Program
- Interview with Psychological Services Specialist
- Interview with nurse
- Interviews with randomly selected staff

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.383 (a)

- 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 No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does

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

a) Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJIS Policy 1.26B, 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.

Interview with the Facility Director and interview with the Psychological Services Specialist 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.

b) Medical and mental health evaluations completed on each resident at the facility include a diagnosis and recommendation. Psychological Services Specialist 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.

c-h) Interviews with the Facility 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.

Interview with the Facility 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.

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 1.26B, Transitional Services
- Pre-Audit Questionnaire
- Files of ten (10) residents

Interviews:

- Interview with Facility Director

- Interview with Facility PREA Compliance Manager
- Interview with Psychological Services Specialist
- Interview with nurse

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

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

115.386 (c)

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

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Coordinator? Yes No

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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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 Facility 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:

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

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 Facility Director.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

The Facility 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 Facility Director.

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 Facility Director indicated that all PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Sexual Abuse Incident Review Form

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with Incident Review Team member

Standard 115.387: Data collection

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

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.387 (b)

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

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.387 (e)

- 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 the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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 were no allegations of sexual abuse during the past twelve (12) months.

This auditor was able to review the agency website and reviewed the Annual Report that is posted. The facility has submitted the Annual Sexual Violence form and it was posted on the DHS website.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- 2021 Annual PREA Report
- DOJ 2021 Survey of Sexual Violence
- Agency Website

Interview:

- Interview with Facility Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

Standard 115.388: Data review for corrective action

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

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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:

1. Identifying problem areas
2. Taking corrective action on an on-going basis
3. Preparing an annual report of its findings and corrective actions for BJJS after corrective actions

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.

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 (2021) is posted on the DHS website and was reviewed by this auditor.

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 was completed by the PREA Coordinator and posted on the DHS website.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- BJJS Annual PREA Report 2021
- DHS website

Interviews:

- Interview with Facility Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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.

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 (2021) is posted on the DHS website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pre-Audit Questionnaire
- Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy
- BJJS Annual PREA Report 2021
- DHS website

Interviews:

- Interview with Agency PREA Coordinator
- Interview with Facility Director

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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.) Yes No 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 No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a-n) Loysville Youth Development Center was first audited July 7, 2015, during the second year of the first three-year cycle. The facility was re-audited on June 19, 2017, first year of the second three-year cycle and was found to be fully compliant on August 3, 2017. Re-audited again during the first year of third three-year cycle on November 18, 2020. This re-audit occurred on May 22, 2023, during the first year of the fourth three-year cycle.

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 March 22, 2023), 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.

The agency has met this standard by having this facility audited during each 3-year cycle. The reports are posted on the DYS website.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire
- Tour of facility
- DHS website
- PREA Audit Notification
- Photographs of PREA Audit Notification

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Final PREA audit report from 2020 is 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.

Reviewed documentation to determine compliance:

- DHS website

Interview:

- Interview with Agency PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Farooq Mallick

June 26, 2023

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.