

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report July 13, 2019

Auditor Information

Name: Kurt Pfisterer	Email: kurtpfisterer@gmail.com
Company Name: Kurt Pfisterer, LLC	
Mailing Address: 6583 Parkwood Dr.	City, State, Zip: Lockport, New York 14094
Telephone: 518 860 5764	Date of Facility Visit: July 1, 2018

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Pennsylvania Bureau of Juvenile Justice Services		Commonwealth of Pennsylvania	
Physical Address: 625 Forster St.		City, State, Zip: Harrisburg, PA 17120	
Mailing Address: PO Box 2675		City, State, Zip: Harrisburg, PA 17105	
Telephone: (717) 787-9532		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<input type="checkbox"/> Municipal			

Agency mission: The Bureau of Juvenile Justice Services (BJJS) will provide a system of individualized treatment services that values strong child, family and community partnerships; promotes competency development and victim awareness; and enhances the quality and coordination of our juvenile justice system.

Agency Website with PREA Information: [Department of Human Services PREA information](#)

Agency Director Executive Officer

Name: Charles Neff	Title: Bureau Director
Email: chneff@pa.gov	Telephone: (717) 705-2451

Agency-Wide PREA Coordinator

Name: Mike Both	Title: State-Wide PREA Coordinator
Email: mboth@pa.gov	Telephone: (717) 230-3384

PREA Coordinator Reports to: Ethan Davis	Number of Compliance Managers who report to the PREA Coordinator 5
--	---

Facility Information

Name of Facility: North Central Secure Treatment Unit

Physical Address: 13 Kirkbride Drive Danville, PA 17821

Mailing Address (if different than above): 13 Kirkbride Drive Danville, PA 17821

Telephone Number: (570) 271-4751

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Detention Correction Intake Other

Facility Mission: PROVIDE A SAFE, SECURE, THERAPEUTIC ENVIRONMENT WHICH CHALLENGES STUDENTS TO CHANGE THEIR BEHAVIOR AND VALUES, AND PROMOTES DEVELOPMENT OF EDUCATIONAL, VOCATIONAL AND SOCIAL COMPETENCIES WHILE PROTECTING THE COMMUNITY AND PROVIDING THE STUDENTS THE OPPORTUNITY TO PAY THEIR SOCIETAL DEBT.

Facility Website with PREA Information: Same as agency

Is this facility accredited by any other organization? Yes No

Program Director/Superintendent

Name: Kevin Seabrook/Keith Stuck **Title:** Facility Director

Email: kseabrook@pa.gov and kestuck@pa.gov **Telephone:** (570) 271-4700 and (570) 271-4759

Facility PREA Compliance Manager

Name: Lora Casteline **Title:** Drug and Alcohol Treatment Specialist Supervisor

Email: lcasteline@pa.gov **Telephone:** (570) 271-4743

Facility Health Service Administrator

Name: Jen Hons **Title:** Nurse Manager

Email: jehons@pa.gov **Telephone:** (570) 849-2043

Facility Characteristics

Designated Facility Capacity: 120 **Current Population of Facility:** 93

Number of residents admitted to facility during the past 12 months		126
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		126
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		126
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		Zero
Age Range of Population:	14 - 20	
Average length of stay or time under supervision:		279.54 Days
Facility Security Level:		Secure
Resident Custody Levels:		Secure
Number of staff currently employed by the facility who may have contact with residents:		202
Number of staff hired by the facility during the past 12 months who may have contact with residents:		29
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		12
Physical Plant		
Number of Buildings: 3		Number of Single Cell Housing Units: 4
Number of Multiple Occupancy Cell Housing Units:		4
Number of Open Bay/Dorm Housing Units:		Zero
Number of Segregation Cells (Administrative and Disciplinary):		Zero
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
The facility has a video surveillance system which provides coverage for 95% of the facility. The entire system was upgraded in October 2017. There are 455 indoor cameras and 35 outdoor cameras. The system provides coverage of all housing units, hallways, stairwells, recreation areas and education areas. There are no cameras in the youths' rooms. There is a camera view of all doors in the facility. The system has a retention time in excess of 30 days (which is outstanding). There is no audio with the system.		
Medical		
Type of Medical Facility:		Triage
Forensic sexual assault medical exams are conducted at:		Geisinger Medical Center
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		25
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		16

Audit Findings

Audit Narrative

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

This report is for the North Central Secure Treatment Unit (NCSTU) in Danville, Pennsylvania. The facility is operated by the Commonwealth of Pennsylvania, Bureau of Juvenile Justice Services. The on-site portion of the audit began July 1, 2019, and covered the audit period July 1, 2018 to July 1, 2019. It was the second Prison Rape Elimination Act (PREA) compliance audit for the facility.

The North Central Secure Treatment Unit is a secure 120 bed facility for male and female adolescents operated by the Pennsylvania Bureau of Juvenile Justice Services (BJJS). Prior to arrival at the facility, this Auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with the Department of Justice (DOJ) PREA Standards for juvenile facilities. Just Detention International was contacted to determine if they had any relevant information regarding the Facility. They reported that they did not have any relevant information.

The pre-audit questionnaire (PAQ) stated there are 202 staff at the facility with recurring contact with residents. The facility houses both male and female residents. The average daily population was listed as 102. The facility reported five allegations of sexual abuse or sexual harassment. A detailed review of the particulars of these incidents was conducted by this auditor. The allegation of sexual harassment did not meet any of the DOJ definitions of sexual harassment. Never the less, the allegations were reported to ChildLine and the Pennsylvania State Police. Four of the allegations were sexual abuse, but none of the allegations involved conduct that would have necessitated a forensic examination by a SANE.

The facility reported that there were no residents who identified as intersex or deemed gender non-conforming in appearance. There was one resident that identified as transgender. This Auditor received no correspondence from residents or staff.

The facility's primary policy for PREA compliance, Bureau of Juvenile Justice Services (BJJS) Policy and Procedure 1.14 was reviewed in detail by this Auditor. The policy addresses all required elements of the DOJ PREA Standards and provides comprehensive guidance as to how the facility will achieve full compliance.

The PAQ submitted by the BJJS PREA Coordinator included detailed floor plans for the facility.

On the morning of July 1, 2018 this Auditor arrived at the facility for purposes of conducting an onsite tour of the facility and interviewing residents, staff, volunteers, and contractors. The facility provided a roster of staff, broken down by employee job categories, and a list of all residents by housing unit (this list also included length

of stay). An opening meeting was held in the Administration Building's conference room. The following people were in attendance:

Facility Director (Boys)
Facility Director (Girls)
BJJS PREA Coordinator
Youth Development Counselor Manager (3)
Clinical Manager
Facility PREA Compliance Manager

This Auditor gave a brief history of his work and auditing experience and explained how the audit process would go (tour of facility after this meeting, interviews with specialized staff, then resident and random staff interviews). Auditor explained he would conduct an exit briefing at the conclusion of the day. The purpose of the close-out would be to share findings at that point, provide a status update on the audit timeline, and to maintain transparency throughout the process. At the conclusion of the opening meeting, the facility tour began.

Program Directors led the Auditor on a tour of their respective programs accompanied by the BJJS PREA Coordinator and the Facility PREA Compliance Manager. The tour included all areas where residents are permitted (maintenance areas were not toured as residents are not permitted in those areas). The tour also included school class rooms, counseling center, multi-purpose rooms, medical unit, each of the housing units, food service and outdoor recreation areas.

Outdoor recreation areas are under direct staff supervision and video surveillance.

Ten random security staff were interviewed by this Auditor. Interviews were conducted in a private room. Staff interviewed were selected to include both male and female staff. Additionally, interviewees were selected to include staff from all three shifts and all housing units. All staff interviewed acknowledged receiving PREA training as required by the standards. All staff were aware of their obligations under the facility's PREA policy (reporting, accepting reports – verbal, written and third party, and protection from harm and retaliation). All staff were aware of their obligations as a mandated reporter and had training in what to report and how to report. All staff could readily articulate their first responder duties. All staff were able to articulate steps they would take to protect a resident from imminent danger of sexual abuse.

The following staff titles were also interviewed:

Facility Director (2)
Clinical Manager
Youth Development Counselor Manager(3)
Facility PREA Compliance Manager
Psychological Services Specialist
Nurse Supervisor
Transitional Services Coordinator

Training records and background checks for all staff were reviewed by this auditor. All staff were up to date on training and background checks.

19 of the 93 residents were interviewed (20 % of the population). Interviews were conducted in a private room with video surveillance. Residents selected for an interview were chosen to include representatives from all housing units and as culturally diverse a sampling as possible. The interviewees ranged in age from 14 to 19 years. Lengths of stay ranged from one to 18 months. Interpretive services were not used. All residents stated they were aware of their right to be free from sexual abuse and sexual harassment. All knew how to report allegations if they needed to. All residents acknowledged going through the intake process and being searched by a staff member of the same gender. All residents acknowledged being aware when staff of the opposite gender were on the housing unit and that they had a reasonable degree of privacy when changing clothes, showering, and using the toilet. All acknowledged being screened upon admission and seeing medical staff on the date of admission. All felt that their medical needs were being appropriately addressed. All residents stated they felt safe at the facility.

The facility reported five allegations of sexual abuse or sexual harassment during this audit period. These allegations were reported and investigated. Documentation of the investigations was provided to this auditor. There was one resident on-site who had made an allegation of sexual abuse that occurred in BJJS custody. That specialized interview was conducted and supported full compliance with the standards.

There was one transgender resident at the facility (biologically female that identified as male). This resident was interviewed. The resident made no prior disclosures to detention staff, other facilities, probation staff or State Court Liaison staff prior to arrival at NCSTU. The resident acknowledged being referred to by his chosen name and appropriate pronouns. The resident was housed on a female housing unit and expressed no desire to be housed with male residents. Documentation of BJJS' meeting and decision regarding this case was provided to this auditor

There were no Limited English Proficiency residents to interview. There were no blind or deaf residents, or residents requiring special services to understand their rights under PREA.

Facility Characteristics

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

North Central Secure Treatment Unit (NCSTU) is a 120-bed secure facility for adolescent males and females located in Montour County. The facility consists of three separate brick and mortar buildings, each with a secure perimeter. Two of the buildings house programs for females and the third is for males. It is the overall mission of NCSTU to provide a safe, secure and therapeutic environment which challenges students to change their behavior and values. In addition, NCSTU strives to promote the development of educational, vocational, and social

competencies while protecting the community and providing the residents the opportunity to pay their societal debt.

NCSTU emphasizes a team approach to working with residents throughout their entire placement starting with comprehensive assessments to identify strengths and needs that are the foundation for individualized services. The treatment team's regular meetings with the resident serve to recognize and reinforce the resident's successes as well as develop strategies and plans to provide the skills and training necessary for the resident to address his needs.

NCSTU utilizes the Stages of Change model that emphasizes the importance of therapeutic relationships paired with the use of effective treatments matched to the resident's readiness for change. Each of the programs facilitate a positive peer culture that emphasizes identifying and correcting distorted thinking patterns; improving socialization; developing an awareness of how they can be a productive member of their community and demonstrating victim empathy. All treatment services place a strong emphasis on Balanced and Restorative Justice. Each of the living units at NCSTU incorporate Evidence Based Programming and are designed for a specific client need as indicated in the following program summaries:

HOPE unit is the Substance Abuse unit at North Central Secure Treatment Unit. During the course of placement youth are required to complete the Hazelden: New Directions curriculum. This curriculum consists of six workbooks—Intake and Orientation, Criminal and Addictive Thinking, Drug and Alcohol Education, Socialization, Relapse Prevention, and Release and Reintegration. A pre- and posttest is administered for each workbook.

The Intake and Orientation aspect of the program deals with laying a foundation for the treatment program. Youth learn about the therapeutic community, the rules for feedback, the difference between the criminal code and the responsibility code, a brief overview of the thinking patterns, and about the cycle of addiction. Before completing this aspect of the program, youth need to demonstrate a desire to work through the program and accept treatment.

The remainder of the program is a progression through the workbooks. Throughout all the workbooks, youth come to understand that they are in the program to work on achieving a better version of them. That this is an opportunity to begin making goals for their own betterment and to make the right decisions toward achieving those goals. Youth also learn to build healthy relationships.

The Education Prep (E-prep) program mission is to provide a safe supportive environment which will allow their residents to receive the individual care and the knowledge to pursue vocational and post-secondary educational opportunities when they return to their community.

E-prep is committed to the principal that the change process is incomplete without true knowledge and education being embraced by their residents. Their residents will have many more doors opened as a result of their commitment to tapping into their unlimited potential.

The residential program utilizes Forward Thinking, which is an interactive journaling series designed by the Change Companies. Interactive journaling is included in SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP). The residential program utilizes a Cognitive Behavioral Therapy approach to help the residents entrusted to their care identify, and then work through their issues. Forward Thinking is a 9 workbook series that covers the criminogenic needs identified through the Youth Level of Service Inventory (YLS). The interactive journaling offers a simple but dynamic delivery system for the treatment team of this residential program,

including the participants of this treatment program. Residents will complete the 9 workbooks on an individual basis for a duration between 36 and 52 weeks with one hour of individual counseling sessions per week. Residents will also participate in one group session per week for the duration of between 36 and 52 weeks. Residents will work during their duration in this residential treatment program to understand their core issues and their areas of need, then designing a course of action to address their core issues that have been self-identified as well as identified through their YLS. Residents will work on exploring risks, needs and skill deficits, as well as strengths, resources and solutions to problem behaviors. In the course of gathering immediate and relevant information related to problems areas, participants can map out where they have been, where they are and where they wish to go. The 9 workbooks are:

- What Got Me Here?
- Individual Change Plan
- Responsible Behavior
- Relationships and Communication
- Handling Difficult Feelings
- Victim Awareness
- Family Substance
- Using Behaviors
- Reentry Planning

North Central Secure Treatment Unit (NCSTU) Girls Program.

There are two dorms/units within the Girls Program, Guide and Honor Dorm. Both units within the Girls Program utilize a 5 tiered Therapeutic/Behavior Modification System, called the Girls Empowerment Model (GEM). The Girls Program treatment team will recommend release for youth once they complete the following:

- Actively participate in all groups and individual counseling sessions.
- Demonstrate consistent, positive behavior and respect for self and others at all times.
- Accept responsibility for the harm they caused their victims and community and understand how to begin repaying that debt.
- Complete the goals outlined in their Treatment Plan.
- Express a genuine desire and willingness to return to their community and be a productive, law abiding member of society.
- Make every attempt to earn enough money to pay their restitution, court costs and fines. If they owe large amounts, their counselor will establish a goal for them to strive to pay before release.
- Complete all necessary groups, such as Project Towards No Drug Abuse (PTND), Post-Traumatic Stress Disorder (PTSD), Gun Violence, Psycho-Education, Thinking for a Change (T4C), and Balanced and Restorative Justice (BARJ).
- Reach Diamond Level, which is the highest level within the 5 tiered GEM System.

Each resident will be assigned an Individual Counselor upon admission. The counselor will be in contact with their family and probation officer throughout the youth's placement. The counselor will be responsible for all written reports going to the judge and probation department and/or any other special reports associated with the youth's placement.

Each resident in the Girls Program is required to participate in all necessary groups. The counselor will also coordinate which groups youth are assigned. Youth will be assigned to different groups throughout their placement and they will be expected to attend and actively participate in these groups. Youth will be given written assignments from groups and will be expected to complete them thoroughly and in a timely manner. Youth will also be expected to participate in individual counseling sessions with their counselor. Youth will be expected to discuss both current and past issues. The counselor may assign work that youth must complete between sessions. Youth will be expected to put time and effort into completing these assignments. These assignments are a mandatory part of the youth's treatment program.

The Violence Reduction Program (Power Unit) houses residents in need of treatment specifically targeting the violent/aggressive tendencies of these residents. The program provides a highly structured therapeutic environment with a major emphasis in development of anger management skills/coping skills for the residents of this program. This unit has a 15 bed capacity.

The Power Unit is designed to enhance the resident's self-esteem and promote a positive identity. This is accomplished through building upon and reinforcing those skills and abilities that the resident already possesses, providing him with successful experiences and guiding him to make responsible choices. A strength-based approach is used to accomplish this. Residents have a structured daily routine which includes school, individual and group counseling sessions, physical recreation, and leisure activities which encourage positive socialization with their peers, among other activities.

The Power program focuses on empowering youth to set reachable and achievable goals in the areas of independent living skills, work, education, peer interactions, vocational, social interactions and family life. The goal of the program is to eliminate youth's criminal behaviors by replacing them with pro social behaviors which increase the youth's quality of life.

Initial assessment upon admission includes an extensive Strength and Needs Assessment, Casey Life Skills Assessment, a Substance Abuse Evaluation, Psychiatric Evaluation, Educational Evaluation, Family Interviews, Resident Interviews and a Psychosocial Evaluation. A youth in the Power program will receive educational programming, psychological services, Family Therapy, Individual Counseling, Substance Abuse Counseling, Life Skills Training, Release and Transition Services, and ongoing psychiatric care. In addition, the youth are introduced to healthy leisure activities which encourage positive socialization with their peers as well as coping skills.

Many of the youth have committed serious offenses in their communities. To address the impact of their offenses on their victims and communities, the concepts of Balanced and Restorative Justice (BARJ) are reflected throughout this program. The principles of BARJ include Accountability, Community Protection, and Competency Development. Community service projects are completed within the program.

It is the philosophy of the Power program that every youth possesses talents, skills, and strengths. A variety of creative means are utilized to help them explore and develop their talents and strengths.

The Power program utilizes the Casey Life Skills program in a group and individual setting. The purpose of the Casey Life Skills program is for residents to develop independent living skills in various areas that they can be utilized when they are discharged. The Life Skills domains which are taught are Personal Care, Housing and Money Management, Communication Skills, Daily Living, and Social Relationships. Life skills are taught based on the individual's level of knowledge based on their admission assessment. They are re-assessed every 6 months throughout the program to determine their progress. Completion of the Power program is based on the youth's individual pace. Length of stay is based on the youth's needs and their individual progress.

The Mental Health/Intellectual Disability Program (Focus Unit) houses residents in need of treatment that targets mental health disorders (i.e. Mood Disorders, ADHD, Posttraumatic Stress Disorder, Bipolar Disorder, Borderline Personality Disorder, etc.) and residents in need of specialized treatment for mild to moderate intellectual disabilities (I.Q. range of about 40 to 69). This program provides a highly structured, predictable, routine-consistent therapeutic environment. This unit has a 15 bed capacity.

The Focus Unit is designed to enhance the resident's self-esteem and promote a positive identity. This is accomplished through building upon and reinforcing those skills and abilities that the resident already possesses, providing him with successful experiences and guiding him to make responsible choices. A strength-based approach is used to accomplish this. Residents have a structured daily routine which includes school, individual and group counseling sessions, physical recreation, and leisure activities which encourage positive socialization with their peers, among other activities.

Many of the youth have committed serious offenses in their communities. To address the impact of their offenses on their victims and communities, the concepts of Balanced and Restorative Justice (BARJ) are reflected throughout this program. The principles of BARJ include Accountability, Community Protection, and Competency Development. Community service projects are completed within the program.

The Focus program utilizes the Casey Life Skills program in a group and individual setting. The Life Skills domains which are taught are Personal Care, Housing and Money Management, Communication Skills, Daily Living, and Social Relationships. Life skills are taught based on the individual's level of knowledge based on their admission assessment. Youth are re-assessed throughout the program to determine their progress.

Completion of the Focus program is based on the youth's individual pace. Length of stay is based on the individual's needs and their individual progress.

The RISE program is a 15 bed program that is designed to cover the criminogenic needs of the residents' entrusted to their care. In conjunction with the Balanced and Restorative Justice (BARJ) principles and the needs identified through the Youth Level of Service (YLS) assessment tool, the program will work on guiding a resident through the change process. The support is offered through increasing a resident's knowledge base with quality staff members who understand that our greatest responsibility is providing quality service to the resident. The members of this community will serve as appropriate role models while establishing a normative community in adherence to the BARJ principles. The following are goals of the program:

- To provide a safe, secure and therapeutic structured environment.
- To assist in improving in the overall education and social responsibility of youth that will promote community growth and safety.

- To reduce recidivism of offenders by providing individualized treatment that is reflective of their identified needs.
- To provide consequences for negative behavior while recognizing growth by positive reinforcement.
- To communicate with Family/Guardians, the Juvenile Justice System and probation through the treatment process and following up with After Care Services in the community.

Each youth is assigned an Individual Counselor upon admission. The counselor will be in contact with the youth's family and probation officer throughout placement. The counselor is responsible for all written reports that go to the judge and probation department.

Youth are required to participate in all groups. The counselor coordinates which groups youth are assigned to. Youth are assigned to different groups throughout their placement and are expected to attend and actively participate in these groups. Youth receive written assignments from groups and are expected to complete them in a thorough and timely manner.

Youth are required to participate in individual counseling sessions and discuss both current and past problems. The counselor may assign work that youth must complete between sessions. Youth are expected to put time and effort into completing these assignments. These assignments are a mandatory part of the youth's treatment program.

The goal of the Rise Program at NCSTU is for each resident to make the lifestyle changes necessary to ensure he does not re-offend and recidivate after his release from NCSTU. Each resident will be challenged to examine both their past and current behaviors and be expected to make the necessary changes.

The North Central Secure Treatment Unit maintains 24 hour supervisory coverage as well as an On-Call Administrator.

Summary of Audit Findings

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

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

Number of Standards Exceeded: Three

Standard 115.322, Standard 115.333 and Standard 115.341

Number of Standards Met: Forty

Standard 115.311, Standard 115.312, Standard 115.313, Standard 115.315, Standard 115.316, Standard 115.317, Standard 115.318, Standard 115.321, Standard 115.331, 115.332, Standard 115.334, Standard 115.335, Standard 115.342, Standard 115.351, Standard 115.352, Standard 115.353, Standard 115.354, Standard 115.361, Standard 115.362, Standard 115.363, Standard 115.364, Standard 115.365, Standard 115.366, Standard 115.367. Standard 115.368, Standard 115.371, Standard 115.372, Standard 115.373, Standard 115.376, Standard 115.377 Standard 115.378, Standard 115.381, Standard 115.382, Standard 115.383, Standard 115.386, Standard 115.387, Standard 115.388, Standard 115.389, Standard 115.401 and 115.403.

Number of Standards Not Met: Zero

Not Applicable

Summary of Corrective Action (if any)

Not Applicable

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 compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- 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 and Procedure 1.14, page 1, clearly articulates the agency's zero tolerance policy. Agency and facility organization charts clearly depict the roles of State-wide PREA Coordinator and Facility PREA Compliance Manager. Interviews with the PREA Coordinator and Compliance Manager proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. The PREA Coordinator and Compliance manager both acknowledged sufficient time and authority to perform their jobs effectively. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility. Based upon all of the above this standard was deemed to be in full compliance.

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 OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Pennsylvania Bureau of Juvenile Justice Services does not contract with any other entity to house its residents. Based upon the above this standard was deemed to be in full compliance.

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

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes 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 only until October 1, 2017.) 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 only until October 1, 2017.) 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 only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) 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

- 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 and Procedure 1.14 was reviewed by this auditor. Policy requires the facility to have a staffing plan in compliance with the PREA standards and that the plan is reviewed annually. The facility has a staffing plan which was provided to this auditor. Documentation of annual review of the plan was also provided. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, requires unannounced rounds. This auditor was provided documentation of these rounds and interviews with supervisory staff confirmed that they occur. There is a video surveillance system which provides video coverage of all housing units, program areas and hallways. The system has a video retention period of at least 30 days. Unannounced rounds are supplemented with mandatory video reviews by supervisors. Observed staffing ratios of 5 : 1 during the on-site audit exceeded the standards during program hours. Over-night staffing in compliance with the standards was documented on staffing schedules, housing unit logs as well as interviews with staff and youth. There were no instances of deviations from the staffing plan due to training, vacations, Family Medical Leave and other types of leave. Overtime is paid to maintain staffing ratios. Based upon all of the above this standard was deemed to be in full compliance.

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 implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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*)

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 Procedure 1.14 states that youth may only be searched by staff of the same gender. All searches must be conducted with a witness. All random staff interviewed confirmed that cross-gender searches do not occur. All strip searches and under garment searches are documented. All youth interviewed denied ever having been searched by an opposite gender staff. BJJS Policy and Procedure 1.14 prohibits searching youth for the purpose of determining if the youth is transgender or intersex. All of the youth interviewed denied ever being searched for this purpose. There are no cameras in bathrooms, showers, or anywhere youth are permitted to change clothes. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, provides for all youth to shower privately. All youth interviewed acknowledged that they have privacy when showing, toileting and changing clothes. All bathrooms are appropriately partitioned and supervised for safety and privacy. Cross-gender viewing is not an issue with the video surveillance system. Based upon all of the above this standard was deemed to be in full compliance.

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

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 Procedure 1.14 meets the requirements of each element of this standard. The facility has taken reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse for residents who are limited in their ability to speak or understand English, deaf or hard of hearing, blind or visually impaired and those with intellectual deficits. The facility provided the entire education program in audio format for the blind and visually impaired and in written format for the deaf and deemed that was sufficient to meet the requirements of this particular standard. There were no deaf or blind residents to interview to determine the effectiveness of presentation. Written materials are provided in English and Spanish. If needed, translation services are available for residents with other language needs. Special education teachers and clinicians are available for residents with intellectual deficits. All residents interviewed were aware of their rights under the program. The facility has access to a translation service. There were no hearing or visually impaired residents in the facility at the time of the on-site audit. Interviews with the Program Director and

Compliance Manager confirmed every effort is made to provide residents with meaningful access to all aspects of the facility's prevention, detection and response to the sexual abuse prevention program. Based upon all of the above, this standard is deemed to be in full compliance.

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, or 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 records 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)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes 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 and Procedure 1.14 meets the requirements of each element of this standard. The policy requires the facility to refrain from hiring, promoting, or enlisting the services of any employee, contractor or volunteer who may have contact with residents who has engaged or attempted to engage in any of the prohibited acts described in this standard. Written applications and interview protocols require applicants to answer questions specific to this standard. Material omissions regarding misconduct, or the provision of materially false information, are considered to be grounds for termination or withdrawal of an offer of employment, as appropriate. Staff are also under a continuing affirmative duty to disclose any such misconduct throughout the duration of their employment. Background investigations are conducted to determine whether the candidate for hire is suitable for employment and includes a criminal background records check. Detailed records of these background investigations are maintained and available to the agency upon request. Updated background investigations are conducted every five years for those facility staff who may have contact with residents. Documentation of employee and contractor background checks was provided on-site. Volunteers go through a similar process and are always under supervision when in contact with residents. Interview with Program Director confirmed the process for employees, contractors and volunteers. Information from BJS Human Resources (HR) confirmed that information regarding references for former employees is handled on site, by HR staff. When asked about whether or not a former staff engaged in any sexual misconduct, HR will provide the requesting agency with the answer. Based upon all of the above, this standard is deemed to be in full compliance.

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.

There have been no physical plant upgrades or renovations during this audit period. The facility's video surveillance system provides a camera view of every door in areas where youth are permitted as well as doors to enter areas where they are not permitted. The video management systems and all cameras were upgraded to digital technology since the last audit. The Annual Review of Staffing, Monitoring Technology and Facility Resources Report clearly addresses the use of technology to improve the safety of youth. Based upon all of the above this standard was deemed to be in full compliance.

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 evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If 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? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes 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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14; the Memorandum of Understanding (MOU) with Pennsylvania Coalition Against Rape (PCAR); and a MOU with the Pennsylvania State Police were reviewed by this auditor. The policy addresses all aspects of this standard. The MOU with the state police is documentation of the agreement to comply with PREA standards. There were no instances of sexual abuse or assault during this audit period that was reported early enough that a forensic exam was appropriate, and therefore there was no documentation to review. Physical evidence collection of criminal acts and forensic examinations are not conducted by facility staff. All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed via interviews with staff. Criminal investigations are conducted by the Pennsylvania State Police. There is a state-wide MOU in place with the Pennsylvania Coalition Against Rape that provides for rape crisis and victim advocacy services. There was one reported instance of sexual abuse during this audit period. Documentation from the facility of required practice was reviewed and supported full compliance. Based upon all of the above this standard was deemed to be in full compliance.

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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes 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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 was reviewed by this auditor. The policy meets all the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when BJS may conduct an administrative investigation once a referral to law enforcement has been made. All BJS staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law. The facility reported five allegations of sexual harassment, sexual abuse or sexual assault during this audit period. The allegations were reported to ChildLine and one was refer to law enforcement for investigation. BJS policy requires reporting of sexual harassment allegations that do not rise to the level of sexual harassment as defined by the PREA standards (the standards specifically state "repeated" as a condition of the definition). While there was only one allegation of sexual harassment that met the DOJ definition, BJS as a whole is intentionally reporting and investigating single occurrences of sexual harassment in order to improve the conditions of confinement at the facility as they relate to PREA compliance, and they should be applauded for their efforts. This practice clearly exceeds the requirements of this standard. Based upon all of the above this standard was deemed to exceed the standard.

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

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 1.14 meet all aspects of this standard and are incorporated into the BJJS power-point training received by all staff. All staff interviewed acknowledged that they had received the initial training and refresher training. Documentation was provided to this auditor confirming staff completes a post training test to confirm understanding of the material presented. Contract employees and volunteers complete the training. All staff interviewed were aware of their obligations related to the agency's PREA policy, their obligations as mandated reporters of abuse, their duties as a first responder and agency protocols related to evidence collection.	
The training curriculum utilized by the facility meets all aspects of this standard as follows:	
<input checked="" type="checkbox"/> (1) Agency's zero tolerance policy for sexual abuse and sexual harassment.	Slide 4

<input checked="" type="checkbox"/> (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	Slide 6, 15 and 16
<input checked="" type="checkbox"/> (3) Residents' right to be free from sexual abuse and sexual harassment.	Slides 18 - 23
<input checked="" type="checkbox"/> (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.	Slide 24
<input checked="" type="checkbox"/> (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities.	Slide 7
<input checked="" type="checkbox"/> (6) The common reactions of sexual abuse and sexual harassment juvenile victims.	Slide 7
<input checked="" type="checkbox"/> (7) How to detect and respond to signs of threatened and actual sexual abuse.	Slide 7
<input checked="" type="checkbox"/> (8) How to avoid inappropriate relationships with residents.	Slide 7
<input checked="" type="checkbox"/> (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.	Slide 8
<input checked="" type="checkbox"/> (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.	Slide 12
<input checked="" type="checkbox"/> (11) Relevant laws regarding the applicable age of consent.	Slide 19

Based upon all of the above, this standard was deemed to be in full compliance

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.

Per the BJS Policy and Procedure 1.14 all volunteers and interns must receive PREA training. The PREA training is a review of the BJS PREA policy. Volunteers and interns must sign an acknowledgement that they have received and understood the training. Signed acknowledgements for all current volunteers were provided for review by this auditor. Contract education staff and contract medical staff attend the BJS PREA training. Documentation of completed training was provided to this auditor. Based upon all of the above, this standard was deemed to be in full compliance.

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 such education? 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

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.

BJS's resident education program is provided to youth by the State Court Liaison on the date of admission (this practice far exceeds the ten days allotted by the standard). This is documented in the youth's case file (the youth signs an acknowledgement that they understood the material presented). Copies of all youths' signed acknowledgements were provided to this auditor. Youth receive materials about PREA and their rights to be free from abuse and how to report abuse upon admission. This document is available in English and Spanish. All youth interviewed were aware of the right to be free from abuse and multiple means of reporting allegations of abuse. All youth entering any BJS operated facility receives the education. All youth interviewed reported having received the education program on multiple occasions, equal to the number of programs they were admitted to. Posters, in both English and Spanish were clearly visible on all living units and throughout the facility. Based upon all of the above, this standard was deemed to exceed the standard's requirements.

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.

Per BJS Policy 1.14, page 8, BJS does not conduct investigations of sexual abuse and assault. Such investigations are conducted by the Pennsylvania State Police. The County Office of Children and Youth investigates all non-criminal allegations. Emails from BJS document requests that the agencies comply with the relevant PREA standards. BJS has sent investigators for training in compliance with this standard for the purpose of conducting administrative investigations related to employee disciplinary proceedings of non-criminal allegations. Based upon all of the above this standard was deemed to be in full compliance.

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? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (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.) 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? 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 Procedure 1.14 mandates specialized training for medical and mental health staff as per the PREA standards. Documentation of this training, including training for

contract providers was provided to this auditor. Multiple clinical and medical staff members have been interviewed by this auditor and all acknowledged receiving specialized training. Facility medical staff does not conduct forensic examinations or collect evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility. Based upon all of the above, this standard was deemed to be in full compliance.

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: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes 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

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 Policy and Procedure 1.14 and BJJS Policy and Procedure 1.26A address the standards related to screening youth for risk of victimization and abusiveness. BJJS uses a standardized, objective instrument to perform this screening (Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior). The screening instrument addresses all required elements of the standard. Screening occurs on date of admission. Periodic reassessment (every 30 days) occurs as a part of the Multi-Discipline Team treatment process and after any PREA related incident. All of the youth interviewed acknowledged being screened and that screening occurred shortly after admission. Interviews with intake staff, clinical staff and medical staff confirmed that the above practices occur. None of the residents interviewed reported ever having been disciplined or threatened with discipline over answering the above referenced questions. Interviews with PREA Compliance Manager and medical staff all support that this information is restricted to a need to know basis. Based upon all of the above, this standard was deemed to exceed the standard.

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? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes 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 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 paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) Yes 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? 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 Procedure 1.14 addresses how the information obtained during screening is utilized to inform programming and housing decisions. Isolation, as it relates to this standard, is not authorized under BJJS policy and was not used during this audit period. There is a policy in place that covers involuntary room confinement, as isolation is referred to in BJJS. Room confinement is not authorized for the purposes described in this standard. Interviews with all staff and youth confirmed compliance with this standard. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 prohibits youth from being assigned to a housing unit based solely on gender identity and prohibits gender identity and sexual orientation from being used as a risk factor for abusiveness. BJJS has a policy in place that allows for youth to be assigned to male and female facilities regardless of birth gender. There was one transgender resident currently at the facility. Documentation of the Gender Review Committee meeting and outcome were provided to this auditor. The resident was housed appropriately. Based upon all of the above, this standard was deemed to be in full compliance.

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? Yes No

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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 appropriately addresses this standard. All youth interviewed knew multiple means (tell staff, blue phone, tell parent, call lawyer, file grievance) to report abuse of any kind. All knew where to find the blue phone to report abuse outside the agency. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units (in English and Spanish) with the information. All staff are mandated reporters of abuse per BJS Policy and the laws of the Commonwealth of Pennsylvania. All staff interviewed were aware of their obligations as mandated reporters. None of the random youth interviewed had ever

reported sexual harassment, sexual abuse or any form of abuse while in BJJ custody. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units (in English and Spanish) with the information. Interviews with the PREA Compliance Manager, random staff and supervisors confirmed they would accept reports whether they were verbal, in writing, anonymous or third-party. There were five allegations made during this audit period. Documentation of the allegations being reported support full compliance. There were no third-party or anonymous reports made during this audit period and therefore no documentation of practice for review. All staff interviewed stated that they would have to write a report documenting the allegation and their actions regardless of how it was received. Based upon all of the above this standard was deemed to be in full compliance.

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 NA

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

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 Procedure 3.03A complies in full with this standard (response time frames, appeals and acceptable grievance sources and formats). Although the policy fully complies with the standard, a grievance filed (regardless of source or format) that alleges that sexual abuse occurred or alleges an imminent threat would immediately trigger the agency's PREA response procedures

(Institutional Plan). A review of grievance records and interview with the PREA Compliance Manager confirm that there were no grievances filed related to sexual abuse or sexual harassment during this audit period. All youth interviewed were aware of the grievance procedures. All residents advised that they had not filed a grievance as related to this standard. All staff interviewed were able to describe steps they would take to immediately protect a youth from threatened or imminent sexual abuse. Based upon all of the above, this standard was deemed to be in full compliance.

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? Yes No
- 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.

A state-wide Memorandum of Understanding exists for the provision of these services. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.06A addresses access to these services. Interviews with medical and clinical staff confirmed that youth would be advised about confidentiality prior to accessing the services. Information is provided to youth via the Resident Handbook. It contains the telephone number and mailing address for juveniles to contact. All youth interviewed acknowledged ready access to contact with their families (free telephone calls and visiting) and the ability to contact their lawyer whenever they request to do so. Lawyer visits are not restricted and may occur whenever they are requested. There was one reported allegation of sexual abuse during this audit period and the facility provided documentation of access to outside services for review. Visiting and telephone records support full compliance with this standard. Based upon all of the above, this standard was deemed to be in full compliance.

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.

There were no reported instances of third-party reporting during this audit period. BJJS’s public website lists the ChildLine hotline number to call if sexual abuse or harassment is suspected. All youth interviewed acknowledged that they knew they could report abuse via a third party. 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. Information is provided to families about the hotline as well the procedures for filing a grievance on behalf of their child. Based upon all of the above, this standard was deemed to be in full compliance.

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 the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 complies the requirements of this standard. Staff are required to report immediately and according to agency policy, any knowledge, suspicion, or information regarding any incident of sexual abuse that occurred in a facility, retaliation against residents or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All staff, contractors and volunteers are mandated reporters of child abuse. All allegations of sexual abuse or harassment must be properly reported and referred for investigation. Interviews with PREA Compliance Manager and random staff confirmed their awareness of the policy and their duties to report as required by this standard. All staff interviewed were aware of their obligation to report all allegations of sexual abuse as well as the requirement they document the information in an official written report. The facility reported five allegations of sexual abuse or harassment. Documentation of the allegations being reported was provided to this auditor. All staff interviewed were aware of the need to maintain strict confidentiality over information regarding allegations of sexual abuse. Based upon all of the above, this standard was deemed to be in full compliance.

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

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 Procedure 1.06A addresses the requirements of this standard. The policy and the facility's institutional plan require and immediate response should a resident be determined to be at imminent risk of sexual abuse or assault. There were no reported instances of a resident being determined to be in substantial risk of imminent sexual abuse and therefore there was no documentation of practice to review for compliance. All staff interviewed were able to articulate immediate means that they would use to protect resident should this occur. These included immediately calling for a supervisor to respond to the location; keeping the resident under arms-length supervision until the supervisor arrives; removing the resident from the area and, if necessary based on the imminent nature of the threat, securing the resident alone in a room. Based upon all of the above, this standard was deemed to be in full compliance.

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

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 Procedure 1.14 addresses the requirements of this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility will notify the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred. Notification will be as soon as possible, but no later than 72 hours after learning of the allegation. Such notification will be documented. If the facility receives notification from another facility pursuant to this standard, it will notify ChildLine and refer the allegation for investigation. The Program Director and PREA Compliance Manager reported the facility had received no allegations of sexual abuse, from a resident during the intake process, which occurred at another facility. The Program Director and PREA Compliance Manager reported that the facility received no allegations of sexual abuse reported to them by another facility during this audit period. Based upon all of the above this standard was deemed to be in full compliance.

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

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 Procedure 1.14 complies with the requirements of this standard related to first responder duties. All staff, volunteers and contractors receive training regarding first responder duties. The facility has an institutional plan that meets all the requirements of this standard. There were no reported instances of sexual assault during this audit period requiring the use of first responder duties, therefore there was no documentation of staff performing these duties. All staff and contractors carry a card with their first responder duties printed on it on their ID lanyard. All staff and contractors interviewed were able to articulate their first responder duties. Based upon all of the above this standard was deemed to be in full compliance.

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 copy of the facility’s institutional plan was provided to this auditor. The plans provide clear and concise direction for response to any alleged PREA violation. There were no reported instances of sexual assault during this audit period that required the use of the facility’s institutional plan and therefore there was no documentation of the plans use available for review. All staff interviewed were aware of the program’s institutional plan and where to locate the document. Based upon the above this standard was deemed to be in full compliance.

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 current collective bargaining agreement was reviewed by this auditor. There is nothing in the collective bargaining agreement that would violate this standard. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 specifically authorizes BJJS to protect youth from contact with alleged abusers up to and including suspending staff without pay. Documentation of one staff member being suspended during this audit period was provided to this auditor. Based upon all of the above this standard was deemed to be in full compliance.

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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes 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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 addresses the requirements of this standard. By policy the YDC Manager is the staff person charged with monitoring for retaliation. Staff, contractors, volunteers, and residents are prohibited by policy from retaliating against any person, including a resident, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or participates in sexual activity as a result of force, coercion, threats, or fear of force. Per the policy, monitoring is for a minimum of 90 days. The facility employs multiple protection measures (i.e. housing changes, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or for cooperating with investigations). The facility reports there were no allegations related to retaliation against staff or residents during this audit period. The Program Director reported there is a system in place to monitor for retaliation and documenting any actions taken in response. Based upon all of the above, this standard was deemed to be in full compliance.

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

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.

BJS policy does not permit the use of segregation as meant in this standard. There was one reported instances of sexual abuse during this audit period. That resident was interviewed and reported that they were never removed from the general population. The facility did not use segregation or isolation for the purpose of this standard during this audit period. Based upon all of the above this standard was deemed in full compliance.

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 entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes 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 and the facility do not conduct investigations of allegations that rise to the level of criminal behavior. These are conducted by the Pennsylvania State Police. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, 1.06A and 1.09B comply with this standard relative to administrative investigations. BJJS investigations are exclusively focused on a review of available evidence, including investigation reports from outside entities, to determine if disciplinary action is appropriate for staff, contractors and/or youth. There were five reported allegations of sexual abuse or harassment during this audit period. A review of the investigation reports confirmed the investigators' understanding of the policies and their training. BJJS has

made documented efforts to advise the Pennsylvania State Police and County Offices of Children and Youth of the requirements of this standard. Based upon all of the above this standard was deemed in full compliance.

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

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.

Per Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 a preponderance of evidence is the standard. Four of the five investigations were completed and the reports were reviewed for compliance with this standard. All four supported full compliance with the evidentiary standard. The fifth investigation is still an ongoing criminal investigation. Based upon all of the above, this standard was deemed to be in full compliance.

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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes 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

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 Procedure 1.14 meets all the requirements of this standard. There was one reported instance of sexual abuse alleged to have occurred during this audit period. The criminal investigation is still ongoing. However the resident was fully aware of the status of the investigation via conversations with the investigating officer. Based upon all of the above this standard was deemed to be in full compliance.

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 that 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 that 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

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 Procedure 1.14 addresses all the requirements of this standard. Staff are subject to disciplinary up to and including termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. Termination is the presumptive disciplinary sanction for staff that are substantiated for allegations of sexual abuse or for violating agency or facility sexual abuse policies. Per interviews with the BJJIS PREA Coordinator and Program Director staff are subject to disciplinary action and criminal prosecution commensurate with the type of allegation substantiated. The facility reports that there were no substantiated allegations of sexual abuse against staff and therefore, no documentation of practice was available for review by this Auditor. The facility reports there were no staff removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies. Therefore, no documentation of practice (reasonable efforts to notify relevant licensing bodies) was available for review by this Auditor. Based upon all of the above, this standard was deemed to be in full compliance.

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

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 Procedure 1.14 addresses fully the requirements of this standard. The policy requires that the facility make reasonable efforts to report substantiated allegations of sexual abuse by a contractor or volunteer to any relevant licensing body, to the extent known, as well as report to law enforcement agencies, unless the activity was clearly not criminal. The facility reports there were no allegations of sexual abuse or sexual harassment reported during this audit period that involved contractors or volunteers. The facility reports that there have been no violations of other provisions of these standards by contractors or volunteers and therefore no documentation of practice to review for compliance. Based upon all of the above this standard was deemed to be in full compliance.

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)

- 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.

There were no reported incidents of youth on youth sexual abuse or assault. The facility 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 are therapeutic in nature. BJJS does not use punitive isolation/segregation as a sanction. Behavioral change is the goal versus punitive actions. The facility's primary goal related to disciplinary sanctions in response to any rule violations is treatment oriented. Based upon all of the above, this standard was deemed to be in full compliance.

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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 4.05 addresses the requirements of this standard. Youth admitted to the facility are seen by medical staff within 24 hours of arrival. Staff performing the youth's intake utilize a standardized screening tool to determine if a youth has any immediate and/or

emergency medical or mental health needs. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility. Interview with medical staff confirmed that screening includes history of sexual abuse. Per medical staff interview, youth have access to all the same medical services available to youth in the community. Medical and clinical seek informed consent before reporting prior sexual victimization. When a disclosure of prior abuse occurs, and services are offered by Medical and Mental Health staff, this is documented in medical case file. There were no reported instances of disclosure of prior sexual victimization or prior sexually abusive behavior not previously reported. Based upon all of the above, this standard was deemed to be in full compliance.

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.

The facility's Institutional Plan fully addresses the requirements of this standard. The Institutional Plan requires staff to call 911 when no medical staff are on duty to perform triage. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 4.05 also requires that the youth's medical and mental health needs are met. First responders are required to notify medical and clinical immediately after the resident is safe from further harm. The state-wide MOU clearly states that services will be provided to the youth free of charge. There were no reported incidents of sexual assault occurring at the facility during this audit period, and therefore there was no documentation of practice to be reviewed for compliance. The one allegation of sexual abuse did not involve behavior that would have necessitated emergency care. The resident was seen by facility medical and clinical staff as soon as the incident was reported. Based upon all of the above, this standard was deemed to be in full compliance.

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.) 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.) 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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 4.05 meets the requirements of this standard. There were no reported incidents of sexual abuse or sexual assault occurring at the facility during this audit period and therefore there was no documentation of practice to review (including mental health evaluations for abusers). In the event that an incident was to occur the victim would receive services from the community provider as outlined in the state-wide MOU. As previously noted, services from these providers are at no cost to the victim. All ongoing medical care beyond the scope of facility medical staff would be provided by community providers. The resident would have the option of facility clinical staff or community providers for ongoing mental health services. There were no reported disclosures or prior abuse and therefore no documentation of practice to review. Based upon all of the above, this standard was deemed to be in full compliance.

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 compliance manager? 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

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.

There were no reported substantiated or unsubstantiated incidents of sexual assault occurring at the facility during this audit period. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 complies with all aspects of this standard. Due to the lack of substantiated or unsubstantiated sexual abuse incidents there was no documentation of practice for this auditor to review. A review of prior sexual abuse incident reviews supported full compliance. Based upon all of the above, this standard was deemed to be in full compliance.

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.

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 complies with all aspects of this standard. BJJS maintains an electronic data base of records for residents and staff. Combined these systems allow BJJS to access data sufficient to complete the annual survey of sexual violence. The agency's public website was reviewed by this auditor. Aggregate data for BJJS operated facilities is posted. Based upon all of the above, this standard was deemed to be in full compliance.

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 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 agency's public website was reviewed by this auditor. The most recent, available annual PREA report was posted. The annual report addresses all elements of this standard. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 fully addresses and complies with the retention requirements of this standard. Based upon all of the above, this standard was deemed to be in full compliance.

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.

The Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 addresses the data storage requirements of this standard. A review of the data available on the BJS website supports full compliance for this standard. There is no individual identifying information contained in the aggregate data or the reports related to the data posted. Based upon all of the above, this standard was deemed to be in full compliance.

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 three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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 inmates, residents, and 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.

This auditor has conducted all PREA compliance audits for BJJS since this standard was published. Each year this auditor has conducted compliance audits for at least one third of the facilities operated by BJJS or operated on behalf of BJJS. This auditor had unrestricted access to, and the ability to observe, all areas of the audited facility. This auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). This auditor was permitted to conduct private interviews with residents. Residents permitted to send confidential information and correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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.

All prior agency final audit reports are posted on the agency's website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any 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.



Kurt Pfisterer /s/

July 13, 2019

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.