

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

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

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** June 3, 2022

## Auditor Information

**Name:** Farooq Mallick      **Email:** afarooq.mallick@gmail.com

**Company Name:** PREA Juvenile Auditors of America, LLC

**Mailing Address:** 79 Jansen Road      **City, State, Zip:** New Paltz, NY 12561

**Telephone:** 845-594-8161      **Date of Facility Visit:** May 4, 2022

## Agency Information

**Name of Agency:** Pennsylvania Bureau of Juvenile Justice Services

**Governing Authority or Parent Agency (If Applicable):** Commonwealth of Pennsylvania Department of Human Services, Office of Children, Youth and Families

**Address:** 625 Forster Street, Room 126      **City, State, Zip:** Harrisburg, PA 17120

**Mailing Address:** 625 Forster Street, Room 126      **City, State, Zip:** Harrisburg, PA 17120

**The Agency Is:**       Military       Private for Profit       Private not for Profit

Municipal       County       State       Federal

**Agency Website with PREA Information:** <https://www.dhs.pa.gov/Services/Children/Pages/PREA.aspx>

## Agency Chief Executive Officer

**Name:** Charles Neff

**Email:** chneff@pa.gov      **Telephone:** 717-705-2451

## Agency-Wide PREA Coordinator

**Name:** Michael Both

**Email:** mboth@pa.gov      **Telephone:** 717-230-3384

**PREA Coordinator Reports to:**      **Number of Compliance Managers who report to the PREA Coordinator:**

Ethan Davis	5
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### Facility Information

Name of Facility: North Central Secure Treatment Unit

Physical Address: 13 Kirkbride Drive

City, State, Zip: Danville, PA 17821

Mailing Address: 13 Kirkbride Drive

City, State, Zip: Danville, PA 17821 [Click or tap here to enter text.](#)

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.dhs.pa.gov/Services/Children/Pages/PREA.aspx>

Has the facility been accredited within the past 3 years?  Yes  No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
NA

### Facility Administrator/Superintendent/Director

Name: Kevin Seabrook/Keith Stuck

Email: [kseabrook@pa.gov](mailto:kseabrook@pa.gov); [kestuck@pa.gov](mailto:kestuck@pa.gov)

Telephone: 570-271-4700; 570-271-4759

### Facility PREA Compliance Manager

Name: Lora Casteline

Email: [lcasteline@pa.gov](mailto:lcasteline@pa.gov)

Telephone: 570-271-4743

### Facility Health Service Administrator N/A

Name: Jen Hons

Email: [jehons@pa.gov](mailto:jehons@pa.gov)

Telephone: 570-849-2043

### Facility Characteristics

Designated Facility Capacity:	86
Current Population of Facility:	66
Average daily population for the past 12 months:	83
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	13-20
Average length of stay or time under supervision	255 days
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	94
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	94
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>10 days or more</i> :	94
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	229
Number of staff hired by the facility during the past 12 months who may have contact with residents:	26
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4

Number of volunteers who have contact with residents, currently authorized to enter the facility:	10
<b>Physical Plant</b>	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single resident cells, rooms, or other enclosures:	86
Number of multiple occupancy cells, rooms, or other enclosures:	0
Number of open bay/dorm housing units:	0
Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>21</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></b></p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: Montour County Children and Youth) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative (including Audit Methodology)

*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 North Central Secure Treatment Unit (NCSTU) located at 36 Kirkbride Drive Danville, Pennsylvania. NCSTU is a state facility operated by the Pennsylvania Bureau of Juvenile Justice Services (BJJS). The facility was first audited in 2016 during the third year of the first three-year cycle and again on July 1, 2019, during the third year of the second three-year cycle and found to be in full compliance.

North Central Secure Treatment Unit is a secure eighty-six (86) bed facility for male and female adolescents. The on-site portion of the PREA audit began on May 4, 2022 and covered the audit period of May 4, 2021 to May 5, 2022. Prior to the audit this auditor reviewed the mandatory reporting laws for the state and reviewed the Pennsylvania Bureau of Juvenile Justice Service website for PREA related policies and information. This auditor also conducted an internet search regarding the audited facility regarding litigation related to sexual abuse or sexual harassment, and federal consent decrees. Prior to arrival this auditor reviewed pertinent agency policies, procedures, Pre-Audit Questionnaire (PAQ) and related documentation used to demonstrate compliance with the Department of Justice (DOJ) PREA Standards for Juvenile Facilities. The facility's primary policy for PREA compliance, Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 – Zero Tolerance of Sexual Abuse and/or Sexual Harassment, 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 Pre-Audit Questionnaire (PAQ) stated that there are two hundred twenty-nine (229) staff at the facility with recurring contact with residents. The average daily population for the last twelve (12) months was sixty-seven (67). There were eleven (11) sexual abuse allegations during the past twelve (12) months. All allegations were called into ChildLine and the Pennsylvania State Police (PSP). PSP and Montour County Children and Youth (C&Y) declined to investigate four (4) of the nine (9) allegations of staff sexual misconduct. Of the five (5) allegations that PSP and C&Y investigated, no criminal charges were filed, nor was any abuse indicated. BJJS investigators determined that two (2) of the nine (9) staff sexual misconduct allegations were unsubstantiated. The other 7 allegations of staff sexual misconduct were unfounded. PSP and Montour County Children and Youth (C&Y) declined to investigate both allegations of resident on resident sexual abuse. Both of those allegations were substantiated by BJJS investigators. Those two allegations involved female residents voluntarily kissing each other.

There were no grievances filed pertaining to sexual abuse or sexual harassment during the past twelve (12) months. The PAQ states that there was one (1) transgender resident in the female program, no intersex residents, one (1) lesbian, two (2) gay, and there were no youth that were limited English proficient. There were twenty-one (21) residents that were cognitively deficient. This auditor interviewed ten (10) targeted youth including one (1) transgender, one (1) gay, one (1) lesbian, two (2) cognitive deficient, two (2) that reported prior sexual victimization, one (1) that was assessed upon intake on the Vulnerability Risk Assessment, and two (2) that reported sexual abuse in the facility. There were five (5) residents that made an allegation of sexual abuse or sexual harassment during the past twelve (12) months. There were no

residents placed in isolation during the past twelve (12) months. This auditor did not receive any correspondence from staff, residents, volunteers, contractors, or anyone from the community.

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

Notifications of the on-site portion of the audit were posted throughout the facility and accessible to staff, residents, volunteers, contractors, and visitors February 28, 2022. Photographs were taken of the audit notice noting their locations. All photos of the notifications emailed to this auditor were date stamped. Emails and phone calls between this auditor and the Agency PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process, schedule, and to request any additional information that was needed to review.

On the morning of May 4, 2022 at approximately 9:00 am, this auditor met with the Facility Director of the Boys Program, the Facility Director of the Girls Program, the Facility PREA Compliance Manager and the BJJS PREA Coordinator to discuss the audit schedule and review any questions or concerns anyone had about the on-site portion of the audit. The facility provided a roster of staff, broken down by employee job categories, and a list of all residents by housing units (this list also included length of stay). The resident roster also noted if they were identified as LGBTI, were limited English proficient, cognitive deficient, disclosed prior victimization, were victims or predators based on the risk assessment, and had any special accommodation needs

The facility has a video surveillance system consisting of four hundred sixty-seven (467) interior cameras and thirty-five (35) exterior cameras with fourteen (14) workstations and thirty-two (32) monitors. The system was last updated in 2022 and provides coverage for approximately 95% of the facility. The system provides coverage of the recreational areas, dining room, housing units, hallways, and educational classrooms. There are no video cameras in individual offices and examination rooms, but there are camera views of the hallway leading to entrances of these areas. There are no cameras in the bathrooms. There are no camera views anywhere where residents are permitted to shower, use the toilet, or change clothes. The average retention time for the system is thirty (30) days.

Following the tour, this auditor met with the management team to review the resident and staff rosters. This auditor then proceeded to interview specialty staff on duty and staff members from all shifts in a private office.

The second day of the audit was spent on interviewing residents, specialty staff members and Youth Development Aides from all three (3) shifts. This auditor interviewed the two (2) Facility Directors from the boy's and girl's programs. They conduct Unannounced Rounds, monitor retaliation, and are members of the Sexual Abuse Incident Review Team. Also interviewed were Youth Development Counselor Managers, who conduct Unannounced Rounds, monitor retaliation, and serve on the Sexual Abuse Incident Review Team; Court Liaison Program Specialist, who conducts the resident PREA education and administers the Vulnerability Assessment Instrument; Facility PREA Compliance Manager, who serves on the Sexual Abuse Incident Review Team; Psychological Services Specialist; the Field Human Resources Officer 3, who conducts background checks on staff; and Facility Investigators who conduct administrative investigations. All interviews were conducted in a confidential private office. After the interviews were completed, this auditor reviewed all current resident files for documentation, verifying PREA education and risk assessments were completed for compliance per policy. This auditor also reviewed risk assessments that were conducted periodically throughout a resident's stay. Access to screening information is limited to upper-level administrators. All training records were provided by the PREA Coordinator to verify that all staff received PREA training, copies of training records of contractors and volunteers were also provided. A Human Resource Officer was interviewed and provided staff files to this auditor to verify that all child abuse and criminal background checks were performed when hired and every three (3) years after.

Twenty (20) residents were interviewed from all the housing units (boys and girls). The twenty (20) residents were selected based on age, sex, length of stay in the program, identifying factors by their name, and targeted youth that were identified on the census form (30% of resident population interviewed).

There was one (1) resident that identified as transgender and one (1) lesbian residing in the female unit. There were five (5) residents who made an allegation of sexual abuse or sexual harassment during the past twelve (12) months at the facility. All have been investigated and residents have been notified of their findings. There were no residents who filed a grievance pertaining to sexual harassment, sexual abuse, or retaliation during the past twelve (12) months at the facility. There were four (4) residents that disclosed prior sexual abuse during the intake Vulnerability Risk Assessment. There were no disabled or limited-English proficient residents. There were no residents that were placed in isolation or segregated housing. Age of the residents interviewed ranged from sixteen (16) years old to twenty (20) years old. All of the residents interviewed were familiar with PREA, the grievance process, knew where the Blue Phone (calls directly into the Women's Center) to report abuse to an outside agency are, knew where the PREA boxes are located (with forms), understood how to report an incident of sexual abuse, sexual assault, or sexual harassment, and were aware of services which are available to them at the facility and in the community. All residents interviewed stated they feel safe in the facility. All residents stated they were informed of their rights and watched a PREA PowerPoint on their day of admission and followed up with receiving their handbook, PREA brochures and information on their rights not to be abused, how to report all forms of sexual abuse, sexual harassment and retaliation, how to fill out a grievance. The residents were given the ChildLine abuse reporting number, shown the Blue Phone, and were informed how it works. They were also given numbers and addresses of the community support/advocate groups. This was completed on day five (5) by their counselor.

Overall, interviewed residents were knowledgeable about PREA and could articulate multiple ways to report sexual abuse and sexual harassment, the grievance process, calling or writing an outside support organization, third party reporting through their parents, and anonymous reporting. All residents stated they were aware of their rights to be free from sexual abuse and sexual harassment. 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 members of the opposite gender were on the housing unit, and they had privacy when changing clothes, showering, and using the toilet. All acknowledged being seen by Court Liaison Program Specialist for risk screening, being asked about their sexual orientation, how they identify, any special accommodation, previous history of sexual abuse, and were given a comprehensive PREA education. They also reported that they met with medical staff on the date of admission to the facility. They felt that their medical needs were being appropriately addressed.

The following staff were interviewed:

- Facility Program Director (2)
  - Conducts Unannounced Rounds
  - Member of the Sexual Abuse Incident Review Team
  - Monitors Retaliation
- Youth Development Counselor Manager
  - Conducts Unannounced Rounds
  - Member of the Sexual Abuse Incident Review Team
- Youth Development Counselor Supervisor (3)
  - Conducts Unannounced Rounds
  - Member of the Sexual Abuse Incident Review Team
  - Monitors Retaliation
- Youth Development Counselor (2)

- Provides Comprehensive PREA Education
- Court Liaison Program Specialist
  - Provides Initial PREA Education
  - Conducts Vulnerability Risk Assessment
  - Conducts Periodic Risk Assessments throughout a resident's stay
- BJJS Statewide PREA Coordinator
  - Member of the Sexual Abuse Incident Review Team
- Psychological Services Specialist
  - Conducts Vulnerability Risk Assessment
  - Provides Comprehensive PREA Education
  - Conducts Periodic Risk Assessments throughout a resident's stay
- Facility PREA Compliance Manager
  - Member of the Sexual Abuse Incident Review Team
- Nurse Supervisor
- Teacher
- Human Resource Director
- Transitional Service Coordinator
- Youth Development Aide (12)

Randomly selected Youth Development Aides (direct care staff) interviewed had years of experience that ranged from one (1) year to twenty-two (22) years. All the staff interviewed were very diverse in their ethnicity. Male and female staff were interviewed with varying experience. Staff members were randomly selected from all shifts. All staff members confirmed they received PREA training and this was confirmed via training logs which were provided to this auditor. All staff members interviewed were knowledgeable of PREA, BJJS Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy 1.14. Staff members stated proper protocols for reporting incidents of imminent sexual abuse and steps to take as a first responder. Staff members interviewed were professional and enthusiastic about their work and PREA knowledge. Staff reported they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information has been received. Staff were all aware of their roles and obligations as mandated reporters and how to report allegations of sexual harassment and sexual abuse.

The initial PREA education begins immediately upon admission by the Court Liaison Program Specialist. This is a PowerPoint presentation giving them the information regarding their rights. This is followed by comprehensive education in a one-on-one counseling session with the resident's counselor. This occurs after the fifth (5<sup>th</sup>) day of admission. Each resident is given the Resident Handbook, PREA brochures, shown the PREA posters, given the hotline number and address, as well as the advocate support group number and address. This information also includes the resident's right to be free from sexual abuse, sexual harassment, and retaliation. In addition, they are shown how to fill out a grievance form and shown the PREA boxes. They are also shown the Blue Phone, where they can pick it up, and it automatically connects them to the hotline. Both these sessions are documented in the case file (youth sign an acknowledgement that they understood the material presented).

There are several reporting methods provided to the residents as is discussed in the PowerPoint and PREA brochures. The PREA information is also posted in each housing unit on the walls by the phone in both English and Spanish. Posters are also visible throughout the facility reminding residents regarding zero tolerance toward all forms of sexual abuse and sexual harassment. This auditor received documentation of residents' participation in comprehensive education including the signed acknowledgment form. This is tailored to each resident's comprehensive level and is age appropriate. For residents who are limited-English proficient or are hard of hearing/seeing, language interpreting services called Language Service Associates for in-person translation, Lazar for document translation, and Propio for over the phone translation are utilized. The interpreting service will utilize Braille for the visually impaired residents and a hearing specialist will be used for deaf residents. There were no limited-English proficient, deaf, or blind residents during the audit period. There were twenty-one (21) residents that were identified as being cognitively deficient. They stated that they were read the rights to be free of sexual abuse and sexual harassment. They were read the PREA education information and understood it. They stated that they can seek assistance from staff, from their counselor, and from their teachers.

All investigations regardless of allegations of sexual abuse and sexual harassment are conducted by Montour County Children and Youth. Criminal investigations of sexual abuse, assault, and harassment are conducted by the Pennsylvania State Police. Forensic examinations and evidence collection are performed at Geisinger Medical Center. A statewide Memorandum of Understanding (MOU) is in place with the Pennsylvania Coalition Against Rape to provide advocates and support services through the Women's Center. The facility reported eleven (11) allegations of sexual abuse or sexual harassment during the past twelve (12) months. All eleven (11) allegations were called in and investigated by the Montour County Office of Children and Youth and by the State Police. Seven (7) allegations were unfounded, two (2) were unsubstantiated, and two (2) allegations were substantiated. The facility conducted four (4) PREA Sexual Abuse Incident Reviews within thirty (30) days of the conclusion of the sexual abuse investigation. This auditor was provided copies of the four (4) PREA Sexual Abuse Incident Review forms and the BJJIS PREA Coordinator and Facility PREA Compliance Manager were able to describe the process in detail during their interview.

Pennsylvania Bureau of Juvenile Justice Services has developed thorough and detailed policies that address all of the PREA standards related to Prevention Planning, Response Planning, Training and Education, Screening for Risk of Social Victimization and Abusiveness, Official Response Following Juvenile Report, Investigations, Discipline, Medical and Mental Health Care, and Data Collection. The depth and scope of the policies indicates the seriousness with which North Central Secure Treatment Unit takes regarding sexual safety and their commitment to the PREA standards.

This auditor conducted an exit meeting with the North Central Secure Treatment Unit management team following the on-site portion of the audit May 5, 2022. During the exit meeting, this auditor shared the preliminary findings of the audit and thanked the team for their dedication and commitment to the full implementation of PREA in their facility.

## 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 detainee 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.*

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**Facility Mission Statement:**

The North Central Secure Treatment Unit is committed to providing effective services that enable our residents to learn the skills, acquire the competencies, and develop the attitudes necessary for them to become responsible, productive members of the community.

**Program Mission Statement for Green and Reed Buildings:**

The NCSTU Girls Program is committed to providing healing opportunities for young women through displaying genuine care and building trustworthy and therapeutic relationships. The Girls Program believes in developing a culture that creates an environment for youth to grow spiritually and socially while utilizing a trauma informed approach with the incorporation of the Sanctuary Model.

This community is intended to provide an environment where people are treated with dignity and mutual respect, outlined through the Seven (7) Commitments of the Sanctuary Model. We believe this concept will provide an environment where girls can maximize their potential, overcome adversity, heal from trauma, and strive to become productive members of this community, as well as their home community.

**Program Mission Statement for Admissions Building:**

POWER –

“Our mission is to provide youth opportunities to develop their unique skills and talents which will enable them to become productive, functioning members of their communities. We find creative ways to help our youth build the foundations that they need to become productive members of their communities, with the ultimate goal of eliminating their need for criminal behaviors.”

FOCUS –

“Our mission in the Focus program is to offer opportunities daily for our youth to be responsible, productive, emotionally healthy individuals. Our program strives to provide a nurturing, safe, secure environment that promotes emotional healing and wellness. We focus and build on a youth’s unique strengths and abilities, their individual talents, and their resiliency to help them create a positive plan for their future which will lead to success in their community.”

HOPE—HEALING OPTIMISTIC PEOPLE EVERYDAY—is a 15-bed Substance Abuse Program. HOPE proceeds with the understanding that recovery is a process, and that this process never ends. This program strives to balance self-reliance with mutual support, while acknowledging that each individual must take full responsibility for their own recovery. This program accepts that healing and growth coincide to adherence with the principles of Balanced and Restorative Justice (BARJ), while also believing that the past is gone, and the future will be grown from the seeds we sow today.

RISE - The RISE program is a 15-bed program that is designed to cover the criminogenic needs of the residents’ entrusted to our care. In conjunction with the BARJ principles and the needs identified through the Youth Level of Service (YLS) assessment tool, this 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. We proceed with the belief and understanding that we must serve the residents in our care with an individualized approach. Each member of this community is responsible to be honest, accountable, considerate, and interactive.

The facility maintains 24-hour supervisory coverage as well as an on-call administrator.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 1  
**List of Standards Exceeded:** 115.322

### Standards Met

**Number of Standards Met:** 42

### Standards Not Met

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

BJJS has implemented a Zero Tolerance of Sexual Abuse and/or Sexual Harassment Policy 1.14. This policy comprehensively addresses this facility’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the facility’s strategies and responses to sexual abuse and sexual harassment; and forms the foundation for the facility’s training efforts with residents, staff, volunteers, and contractors.

BJJS has a designated PREA Coordinator who reports directly to the Director of Policy and Staff Development. The facility PREA Compliance Manager’s interview, during the on-site portion of this audit, demonstrated that North Central Secure Treatment Unit is committed to the sexual safety of the residents. All staff members and residents interviewed demonstrated they not only received but understood the education and training that was offered to them. Staff receive annual PREA training and residents are educated at intake and throughout their stay at North Central Secure Treatment Unit.

North Central Secure Treatment Unit has a Memorandum of Understanding (MOU) with Geisinger Medical Center. It states that Geisinger Medical Center will provide a Sexual Abuse Nurse Examiner (SANE) to complete a forensic examination. The facility has a statewide MOU with Pennsylvania Coalition Against Rape to provide victim advocacy and emotional support in the event of an incident of sexual abuse to the victim through the Women’s Center. A representative from Geisinger Medical Center was contacted by this auditor and was able to confirm the process. A representative from the Women’s Center was contacted by this auditor and was able to confirm the process stated in the MOU. This auditor picked up the Blue phone located in the visiting room which went directly to the Women’s Center and an advocate picked up the phone.

All administrative investigations at North Central Secure Treatment Unit are completed by the Montour County Office of Children and Youth. This auditor spoke to a representative from the Montour County Office of Children and Youth and they were able to confirm the investigative process and follow up that occurs when they received allegations of sexual abuse, assault, or harassment during the past twelve (12) months. If the investigation is criminal in nature it would be investigated by the Pennsylvania State Police. There were four (4) PREA Sexual Abuse Incident Reviews at North Central Secure Treatment Unit during the past twelve (12) months. There were eleven (11) allegations that were called in and investigated by the Montour County Office of Children and Youth and the Pennsylvania State Police. Seven (7) allegations were

unfounded, two (2) were unsubstantiated, and two (2) allegations were substantiated. This auditor was provided with copies of all investigations. The facility conducted five (5) PREA Sexual Abuse Incident Reviews within thirty (30) days of the conclusion of each investigation. This auditor was provided copies of the Sexual Abuse Incident Reviews.

All residents receive PREA education at admission and prior to placement in their housing units by the Court Liaison Program Specialist. The Court Liaison Program Specialist also administers the Vulnerability Assessment prior to arrival at the facility. This allows BJJS to place the resident at the most appropriate facility to meet the treatment needs of the resident. All pertinent information is communicated to the facility for housing assignments, room assignment or additional supervision to ensure the safety and security of the resident and of all residents in the facility.

All employees at North Central Secure Treatment Unit receive an initial PREA training upon being hired by the facility. Current employees who completed this training receive refresher training annually. The training schedule includes eleven (11) different topics required by the PREA standards:

1. Agency Zero-Tolerance Policy.
2. Fulfilling their responsibilities under agency's sexual misconduct, prevention, detection, reporting, and response policies and procedures.
3. Residents' right to be free from sexual abuse, assault, and harassment.
4. Right of the residents and employees to be free from retaliation for reporting sexual misconduct.
5. Dynamics of sexual misconduct in juvenile facilities.
6. Common reactions of sexual misconduct victims.
7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual and sexual abuse between residents.
8. How to avoid inappropriate relationships with residents.
9. Effective and professional communication with the residents, including those who identify as lesbian, gay, bi-sexual, transgender and questioning (LGBTQ), or gender non-conforming.
10. Compliance with relevant laws related to mandatory reporting of sexual misconduct to outside authorities.
11. Laws governing consent for BJJS youth.

All volunteers and contractors who may have contact with residents have been trained on their responsibilities, the agency zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report such allegations. The level and the type of training is based on the services they provide and the level of contact they have with residents. Prior to entering the facility all volunteers and contractors are given the agency Zero-Tolerance of Sexual Abuse and/or Sexual Harassment Policy 1.14 and given the PREA Training and Acknowledgement Form to review and sign off on noting they understand the material. There are currently zero (0) volunteers and ten (10) contractors authorized to enter the facility.

During the on-site portion of the audit, it was noted that posters are posted throughout the facility to educate both staff and residents on the agency PREA policies. Brochures noting PREA requirements and the ChildLine hotline number are given to all residents, staff, volunteers, and contractors. The agency also has PREA information for both residents and the public posted on its website.

## **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 Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment comprehensively addresses the facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, procedures, and the facility's strategies and responses to sexual abuse and sexual harassment. This policy also outlines the facility's training and education of its residents, staff, volunteers, and contractors. The residents received detailed information about their rights, grievances, and reporting during admission. Agency and facility organizational charts clearly depict the roles of Statewide PREA Coordinator and Facility Compliance Manager. Interviews with the PREA Coordinator and Facility PREA Compliance Manager proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility.

The following information was utilized to verify compliance with this standard:

- The Pennsylvania Bureau of Juvenile Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- BJJIS Organizational Chart
- North Central Secure Treatment Unit Organizational Chart
- Pre-audit Questionnaire

Interviews:

- Interviews with Facility Directors
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

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

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

### 115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

### 115.312 (b)

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

## Auditor Overall Compliance Determination

- 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.*

Neither the Bureau of Juvenile Justice Services, nor North Central Secure Treatment Unit, contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Facility Directors and the BJJS PREA Coordinator.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire

Interviews:

- Interviews with Facility Directors
- Interview with BJJS PREA Coordinator

## Standard 115.313: Supervision and monitoring

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

#### 115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
  - Yes    No
  
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices?  Yes    No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.313 (b)

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

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  
 Yes    No    NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  
 Yes    No    NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  
 Yes    No    NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)  
 Yes    No    NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  
 Yes    No

#### 115.313 (d)

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

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  
 Yes    No    NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  
 Yes    No    NA

- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

- 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 Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, requires the facility to develop, implement and document a plan to ensure staffing ratios are met. Staff schedules and resident rosters were reviewed by this auditor to confirm compliance.

The North Central Secure Treatment Unit Video Surveillance and Staffing Plan states the facility runs at a minimum of 1:12 staff to resident ratio during the 11pm-7am shift and at a minimum of 1:6 staff to resident ratio during the 7am-3pm and 3pm-11pm shifts. These are the regulations set by Pennsylvania 3800 Child Care. It was confirmed by this auditor after reviewing population reports for the past twelve (12) months, staff schedules, and observations made during the tour of the facility that these ratios were being maintained and exceeded on a consistent basis.

The Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires the facility to develop, implement and document a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect youth against sexual abuse. The Video Surveillance and Staffing Plan must be completed and submitted to the BJJS PREA Coordinator. In determining adequate staffing levels and the need for video monitoring, facilities must take into consideration:

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

10. Prevalence of substantiated and unsubstantiated incidents of sexual abuse
11. Minimum staff to youth ratios must be 1 to 8 during waking hour and 1 to 16 during sleeping hours.

Any deviations from the plan due to limited and discrete exigent circumstances must be documented on the Video Surveillance and Staff Plan. Only security staff must be included in those reports.

There were sixty-six (66) residents residing at North Central Secure Treatment Unit during the on-site portion of this audit. The average daily population at the facility during the past twelve (12) months has been 83 residents.

The annual Video Surveillance and Staffing Plan at North Central Secure Treatment Unit also addresses the facility staffing plan and requirements. The plan is reviewed on an annual basis and was reviewed by the Facility Directors on April 7, 2022. The PREA standard calls for a 1:8 ratio during resident waking hours and no less than 1:16 during resident sleeping hours. The ratio that is required by the Pennsylvania 3800 Child Care regulations is 1:6 during waking hours and 1:12 during sleeping hours.

The facility is equipped with four hundred and sixty-seven (497) video surveillance cameras (462 interior and 35 exterior cameras). Recordings from these devices remain on a secure server for approximately thirty (30) days. There is a total of thirty-two (32) monitors located at 14 workstations which allows the cameras to be observed. In addition, the Facility Directors and Youth Development Counselor Supervisors have access to the video surveillance system on their computers in their offices which can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Facility Directors, Program Manager, and Youth Development Counselor Supervisors and retained on a DVD. It was noted during interviews with the Facility Directors, Program Manager, and Youth Development Counselor Supervisors that random video surveillance is also reviewed on a weekly basis.

The Facility Directors reported that they maintain a ratio of 1:6, which exceeds the standard; and this auditor observed a 1:5 ratio during the on-site portion of the audit. The Facility Directors reported that there have been no deviations from the staffing plan during the past twelve (12) months. He also reported that in the event management staff feel staffing ratios cannot be maintained during the upcoming shift, staff would be held over and paid overtime to meet the ratios. Interviews with the Facility Directors, Facility PREA Compliance Manager, and Youth Development Counselor Supervisors revealed that staffing is monitored shift to shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor to confirm compliance.

The North Central Secure Treatment Unit Video Surveillance and Staffing Plan states the facility runs at a minimum of 1:12 staff to resident ratio during the 11pm – 7am shift and at a minimum of 1:6 staff to resident ratio during the 7am – 3pm and 3pm – 11 pm shifts. These are the ratios set by the Pennsylvania 3800 Child Care Regulations. It was confirmed by this auditor after reviewing population reports for the past twelve (12) months, staff schedules, and observations made during the tour of the facility that these ratios were being maintained and exceeded on a consistent basis.

Interviews with the BJJIS PREA Coordinator and the Facility Compliance Manager confirmed that the Staffing Plan is reviewed when necessary, but no later than once a year. This document is maintained by the Facility Compliance Manager and retained in the BJJIS PREA Audit shared folder.

A review of the North Central Secure Treatment Unit Video Surveillance and Staffing Plan confirmed that this plan is reviewed on an annual basis and was reviewed by the Facility Directors on April 7, 2022.

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 Zero-Tolerance of Sexual Abuse and/or Sexual Harassment states that a management level employee shall conduct and document unannounced rounds, at a minimum of twice a month. Unannounced rounds are conducted on all shifts, weekends, and holidays to identify and deter staff sexual abuse and/or sexual harassment. All unannounced rounds are documented using the Unannounced Rounds Tracking Form. Documentation is also maintained in the PREA folder.

A review of Unannounced Rounds Logs and staff interviews, with the Facility Directors and Youth Development Counselor Supervisors (YDCS), confirmed that Unannounced Rounds occur as required in this standard. The Facility Directors and YDCSs were able to discuss how they complete the unannounced rounds during their interviews, assured minimum ratios were being met, and their inspection of all areas including the housing units. The Facility Directors and YDCs stated that they review video footage of the rounds to confirm that staff did not alert each other and also carry a radio on their person to ensure no radio transmissions alerted staff of the rounds. The Facility Directors also stated that they conduct random rounds by selecting different times of the day/night and days of the week. This auditor was able to review the Unannounced Rounds Log to confirm that unannounced rounds were being completed.

Review of documentation and proof to determine compliance:

- Pennsylvania Department of Human Services 3800 Child Care Regulations
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 –Zero-Tolerance of Sexual Abuse and/or Sexual Harassment
- North Central Secure Treatment Unit staff schedules
- Logs of Unannounced Rounds
- Resident Roster
- 2022 North Central Secure Treatment Unit Video Surveillance and Staffing Plan
- Location of video surveillance cameras
- Tour of the facility

Interviews:

- Interviews with Facility Directors
- Interview with Youth Development Counselor Manager
- Interview with Youth Development Counselor Supervisor
- Interview with Bureau of Juvenile Justice Services PREA Coordinator
- Interview with random staff from all three (3) shifts
- Interview with random residents

## **Standard 115.315: Limits to cross-gender viewing and searches**

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

### 115.315 (a)

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

### 115.315 (b)

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

### 115.315 (c)

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

### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### 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, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 7.10A Resident Searches prohibits staff from conducting cross-gender pat searches and that youth may only be searched by staff of the same gender. All searches must be conducted with a witness. Pennsylvania Bureau of Juvenile Justice Services Policy 7.10A Resident Searches prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. Interviews with residents, staff members, medical nurse, and the Facility Directors confirmed there have been no cross-gender pat searches of residents during the past twelve (12) months. Staff members interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search. They also stated they would immediately complete a detailed report as well as document the reason in the log. This was confirmed during the interviews with the Facility Directors, Facility PREA Compliance Manager, random staff members, and residents during the on-site portion of the audit. Staff stated that they do not conduct them, and residents stated that they have never been subjected to a cross-gender pat search. All staff have received training regarding the search of a transgender or intersex resident in a respectful and dignified manner. They stated this training occurs with their annual PREA refresher.

Staff and residents both stated that staff announce themselves when entering a housing unit that houses residents of the opposite gender. There are signs outside of the door leading to the unit

informing staff to announce themselves. There are no cameras in bathrooms, showers, youth dorms, or anywhere youth are permitted to change clothes. Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 enables all residents to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This was verified by interviews with staff and residents. Interviews with residents verified that female and male staff announce themselves before entering the housing unit of the opposite gender.

Reviewed documentation to confirm compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 7.10A Resident Searches
- Staff Training Curriculum
- Staff Training Logs

Interviews:

- Interviews with the Facility Directors
- Interview with the Facility PREA Compliance Manager
- Interview with random staff
- Interview with residents
- Interview with nurse

## **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

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Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that all residents that are admitted with disabilities shall have equal opportunity to all aspects of BJJS's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Residents with disabilities shall be provided accommodations in accordance with the American Disabilities Act, 28CFR 35.614. Examples include North Central Secure Treatment Unit's (NCSTU) staff reading the PREA pamphlets to vision impaired residents and providing resident education in audio and video format for both vision and hearing impaired. The facility provides the entire program in audio format for the blind and visually impaired and in written format for the deaf. There were no deaf or blind residents to interview to determine the effectiveness of presentation. The facility's PREA education is an audio/visual presentation conducted by the Court Liaison Program Specialist on the day of admission prior to arrival at the facility.

The PREA Policy 1.14 also states that BJJS will ensure that residents with limited English proficiencies are instructed on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, PREA Policy 1.14, and the PREA pamphlet addressing zero tolerance. BJJS provides contracted interpreting services to assist North Central Secure Treatment Unit in interactions with language barriers when communicating with residents. Special education teachers are available for residents with learning disabilities. A language interpretation service is available for other languages should the need arise. BJJS Policy 1.12 states on page 4 that only qualified interpreters may be used. Other residents do not meet the policy's definition of "qualified interpreter."

There were twenty-one (21) cognitively disabled residents residing at NCSTU during the on-site portion of this audit. These residents were interviewed by this auditor and confirmed all their needs are met, and anytime they do not comprehend something, they know they can seek assistance from a staff member. During interviews with the Facility Directors and Facility PREA Compliance Manager, they both noted any disabled resident residing at the facility receives an equal opportunity to participate in, and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse.

The agency PREA brochure is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor. In addition, PREA posters are posted in the housing units, all

common areas, hallways, front entrance, and the area where family visits take place. These posters are also in both English and Spanish.

In addition, Limited English Proficient (LEP) interpreters are also available. A LEP liaison can be reached at 1-888-804-2044. This auditor was provided a comprehensive list of LEP interpreters that are available to the residents. There were no limited English proficient residents residing at NCSTU during the on-site portion of this audit to interview.

Random staff interviews confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with staff members and Facility Directors that there have been no circumstances during the past twelve (12) months at North Central Secure Treatment Unit when interpreters were required. They have used interpreters for family counseling sessions due to the residents' families being LEP, but interpreters were not needed for residents.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.12 Services for Individuals with Limited English Proficiency
- English and Spanish Reporting Posters
- Language Interpretation Service
- PREA Brochures (English and Spanish)

Interviews:

- Interviews with Facility Directors
- Interview with Psychological Services Specialist
- Interview with random staff
- Interview with random resident
- Interview with two (2) cognitively disabled residents

## Standard 115.317: Hiring and promotion decisions

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

### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

**115.317 (e)**

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

**115.317 (f)**

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

**115.317 (g)**

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

**115.317 (h)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

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

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires criminal background checks and child abuse checks for all employees and contractors prior to employment. The PREA Policy 1.14 states that BJJS shall not hire or promote anyone, nor enlist the services of any contractor who may have contact with residents who fall under the following rule-out criteria:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or program.
2. 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.
3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

The PREA Policy 1.14 also states that BJJS shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents. This is accomplished through background checks, reference checks, and criminal history checks. These checks include clearance through the Commonwealth's Child Abuse Registry.

Per PREA Policy 1.14, all employees requiring criminal checks shall have new criminal checks conducted every five (5) years on their anniversary of hire/contract date. This was confirmed during an interview with the Facility PREA Compliance Manager and an interview with the Director of Human Resources.

This auditor inspected twelve (12) random staff files, and all had required clearances.

Reviewed documentation to determine compliance:

- Pennsylvania Department of Human Services 3800 Child Care Regulations
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Review of twelve (12) randomly selected staff files

Interviews:

- Interviews with the Facility Directors
- Interview with the Facility PREA Compliance Manager
- Interview with the Agency Director of Human Resource

## **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.*

North Central Secure Treatment Unit develops a Video Surveillance and Staffing Plan on an annual basis (updated on April 7, 2022, by the Facility Directors). The facility's most recent Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) was provided to this auditor prior to the on-site portion of this audit and was confirmed during the interviews with the Facility Directors.

Per the PREA Policy 1.14, North Central Secure Treatment Unit employs a camera system. The facility has a video surveillance system which provides coverage for over 95% of the facility. The system provides coverage of all housing units, hallways, recreational areas, and education areas. Any modifications, upgrades, or expansions to the facility will include consideration of such design, acquisition, expansion, and how the modification(s) will impact or enhance the ability to protect residents from sexual abuse. This was confirmed during the interviews with the Facility Directors and the Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

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

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

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

#### 115.321 (e)

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

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

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

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B – Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment states that upon receiving an allegation of abuse, sexual abuse and/or sexual harassment, the employee shall immediately make an oral or written report to ChildLine. Once the report is received, it will be administratively investigated by Montour County Children and Youth. A representative from Montour County Children and Youth was contacted by this auditor and they confirmed this process. All criminal investigations are conducted by the Pennsylvania State Police. This process was confirmed by the BJJS PREA Coordinator and the Facility Directors during their interviews.

The Facility Directors and BJJS PREA Coordinator stated during their interviews that the facility has a MOU with Geisinger Medical Center for evidence collection and forensic examinations to be conducted by a Sexual Assault Nurse Examiner (SANE) at the hospital. A representative from Geisinger Medical Center was contacted by this auditor and was able to confirm this process. The facility has a MOU with the Pennsylvania Coalition Against Rape to provide an advocate and support services through the Women's Center. Pennsylvania Bureau of Juvenile Justice Services Policy 1.14 –Zero-Tolerance of Sexual Abuse and/or Sexual Harassment states, "as requested by the victim, the victim advocate, qualified facility staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals." A representative from the Women's Center was contacted and they confirmed the MOU and services they provide to the facility and the victim.

All administrative investigations are conducted by the Montour County Office of Children and Youth. An interview with a representative from Montour County Children and Youth confirmed that they comply with all PREA standards when completing an investigation at NCSTU.

There were no instances of sexual abuse or assault that would have necessitated a forensic examination during the past twelve (12) months.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Geisinger Medical Center
- MOU with Pennsylvania Coalition Against Rape / Women's Center
- MOU with Pennsylvania State Police

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with Nurse
- Interview with random staff
- Phone interview with a representative from Montour County Children and Youth
- Phone interview with a representative from the Pennsylvania Coalition Against Rape / Women's Center
- Phone interview with representative from Geisinger Medical Center

## Standard 115.322: Policies to ensure referrals of allegations for investigations

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

#### 115.322 (a)

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

#### 115.322 (b)

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

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).)  Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be immediately called into Child Line. The Department of Human Services (DHS) will investigate all administrative allegations of sexual abuse and/or sexual harassment. BJJS Policies 1.14, 1.06B, and 1.09C, all meet 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 BJJS may conduct an administrative investigation once a referral to law enforcement has been made. All BJJS staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law.

There were eleven (11) sexual abuse allegations during the past twelve (12) months. All allegations were called into ChildLine and the Pennsylvania State Police (PSP). PSP and Montour County Children and Youth (C&Y) declined to investigate four (4) of the nine (9) allegations of staff sexual misconduct. Of the five (5) allegations that PSP and C&Y investigated, no criminal charges were filed, nor was any abuse indicated. BJJS investigators determined that two (2) of the nine (9) staff sexual misconduct allegations were unsubstantiated. The other 7 allegations of staff sexual misconduct were unfounded. PSP and Montour County Children and Youth (C&Y) declined to investigate both allegations of resident-on-resident sexual abuse. Both of those allegations were substantiated by BJJS investigators. Those two allegations involved female residents voluntarily kissing each other. North Central Secure Treatment Unit and BJJS are intentionally reporting and investigating every single occurrence of sexual harassment (standard states "repeated" in definition) 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.

All policies and procedures required by both PREA and the Pennsylvania Department of Human Services are in place. Interviews with the Facility Directors and the Facility PREA Compliance Manager stated that all incidents are reported and documented.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.09C, Management of Investigations
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Pennsylvania State Police

Interviews:

- Interviews with the Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with Representative the Pennsylvania State Police

## 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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states all BJJS employees shall receive instruction related to this policy; and tailored to the unique needs and attributes of resident of juvenile facilities; and to the gender of the residents in the facility on the following critical subjects:

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

During the on-site portion of this audit, it was noted that posters were posted throughout the facility to educate both the staff and residents on PREA policies. Brochures noting PREA requirements are given to residents, staff, volunteers, and contractors. Posters and brochures are both in English and Spanish.

The Pre-Audit Questionnaire documented that all staff currently employed at NCSTU were trained and retrained on the PREA requirements during the past twelve (12) months. The BJJS power-point trainings received by all staff (PREA Training Curricula and Professionalism and Ethics Curricula were reviewed by this auditor) are documented and indicated staff members were, and are, trained as stated and required. The training records for all employees at NCSTU were reviewed by this auditor. All staff also received mandated reporter training.

All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the PREA Policy 1.14 (zero-tolerance), their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection. Interviews with staff members also confirmed they receive the training and understood the material that was covered in the training they received. This auditor was able to review the Training Roster and confirm they had appropriate staff members signatures and noted if they understood the training they received.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- PREA Training Curriculum
- Mandated Reporter Curriculum
- Random employee files

Interviews:

- Interview with Facility PREA Compliance Manager
- Interviews with random staff

## Standard 115.332: Volunteer and contractor training

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

### 115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### 115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

### 115.332 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that non-employees who have contact with juveniles shall receive instruction regarding agency policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. All volunteer and contractors must receive PREA training. The PREA training is a detailed review of BJJIS Pamphlet "Zero Tolerance of Sexual Abuse and/or Sexual Harassment for Contracted Employees and Volunteers." Contractors must sign and acknowledge that they have received and understood the training. Documentation of signed acknowledgement forms were provided to this auditor.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- PREA Brochure for contractors
- Training logs
- Signed Training Acknowledgement of a contracted employee

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with contracted employee

## **Standard 115.333: Resident education**

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

### **115.333 (a)**

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

### **115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?  
 Yes  No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
 Yes  No

#### 115.333 (d)

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

#### 115.333 (e)

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

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

*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 1.26A, Transitional Services states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:

1. Their right to have confidential access to their attorney or other legal representation;
2. Their right to have reasonable access to parents or legal guardians;
3. How to report incidents or suspicions of sexual abuse or sexual harassment;
4. The facility's process and procedure for a resident to file a grievance;
5. The facility's process and procedure for accessing the facility's client advocate;
6. How to access outside victim advocates for emotional support services related to sexual abuse (this information shall include mailing addresses and telephone numbers, including toll-free numbers of available local, state and/or national victim advocacy or rape crisis organizations);
7. For individuals being admitted to the facility solely for civil immigration purposes, mailing addresses, telephone numbers (including toll-free hotlines were available) of immigrant service agencies;
8. The extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws;
9. Information related to the BJJS Policy 1.14, Zero-Tolerance Policy of Sexual Abuse and/or Sexual Harassment;
10. Information related to the agency's policy against retaliation for reporting sexual abuse, sexual harassment or cooperating with an investigation;
11. For transgender and intersex youth, information related to their right to shower separately and;
12. Comprehensive education in person via a video recording:
  - a. Their right to be free from sexual abuse and sexual harassment
  - b. Their right to be free from retaliation for reporting sexual abuse or harassment
  - c. The agency's response policies and procedures for responding to reports of sexual abuse or sexual harassment

The Court Liaison Program Specialist who was interviewed reported each resident admitted into the facility receives written PREA education immediately upon admission. They were able to describe reviewing the agency zero tolerance policy, PREA slideshow, and reviewing and providing each resident with the Resident Handbook and PREA brochure. This auditor reviewed twenty (20) resident files during the on-site portion of this audit and all twenty (20) files reviewed contained a signed copy of the acknowledgment form noting the resident received the PREA education of the day of admission. They received the initial PREA education on the day of admission but received comprehensive PREA education by their counselor on day five (5).

Interviews with the Court Liaison Program Specialist confirmed all PREA education information is communicated orally, in a video, in writing, and in a language clearly understood by the resident, on the day of admission. Language assistance resources are available through interpreter services. The facility also ensures that key information about PREA is continuously and readily available or visible through posters,

Resident Handbooks, and PREA brochures. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbooks and PREA brochures.

All residents interviewed stated they were educated upon admission but received a more comprehensive PREA education by their counselor a week later on their unit. They acknowledged viewing the PREA slideshow, receiving the Resident Handbook, and PREA brochure. Residents also stated that staff conduct regular check-ins regarding their safety and services that are available to them. Residents were very knowledgeable about PREA, including PREA Policy (zero-tolerance), their rights to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). All youth entering any BJJIS facility, either as a new admission or a transfer, go through the same intake process.

Reviewed documentation and verification:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.26B, Transitional Services
- PREA Brochure
- Resident PREA Acknowledgement Form
- Posters for Reporting and Education in Spanish and English
- Twenty (20) resident files
- PREA Education Program Curriculum including PREA Slideshow
- Tour of the facility

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Court Liaison Program Specialist
- Interviews with counselors
- Random resident interviews

## 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.*

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS does conduct internal investigations for allegations of sexual abuse. Investigations are also conducted by the Pennsylvania State Police and the Montour County Office of Children and Youth. Documentation was provided to this auditor concerning BJJS's request to the Pennsylvania State Police and Montour County Office of Children and Youth to comply with the PREA standards when conducting such investigations. Documentation of training for BJJS investigators was provided to this auditor. BJJS investigators have completed the PREA investigators training.

All staff members interviewed were aware that the Montour County Office of Children and Youth completes non-criminal sexual abuse and sexual harassment investigations.

There were eleven (11) allegations of sexual abuse or sexual harassment that were reported to Child Line and the State Police during the past twelve (12) months. All eleven (11) allegations were investigated. This writer was provided a copy of each investigation and completed investigation.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Pennsylvania State Police
- Eleven (11) Sexual Abuse and Sexual Harassment Investigations

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Phone conversation with representative from Pennsylvania State Police

## Standard 115.335: Specialized training: Medical and mental health care

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

### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA

### 115.335 (b)

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

### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
 Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that North Central Secure Treatment Unit does not perform any forensic medical examinations. These are conducted at Geisinger Medical Center and that was verified by this auditor. This policy also mandates PREA training for medical and mental health staff. This auditor interviewed a nurse who stated she would immediately report allegations to their supervisor and document the allegation. She stated that the forensic examinations are not conducted at the facility and that all examinations would be conducted by a SAFE/SANE at Geisinger Medical Center. The nurse received Mandated Reporter training. The medical nurse and mental health staff received

training regarding the sexual abuse of juvenile victims and had also received training on the protection of forensic evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility (Geisinger Medical Center).

This auditor received certificate of completion for the PREA on-line course for all medical and mental health employees. This auditor also received the training log and verified that they completed the educational training provided to all employees.

Medical staff do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Geisinger Medical Center by a SANE. A MOU is in place with Geisinger Medical Center that confirms a SANE completes forensic examinations. This auditor was able to interview a representative from Geisinger Medical Center who confirmed forensic examinations are conducted at Geisinger Medical Center by a SANE in the event of an incident of sexual abuse.

This auditor received and reviewed medical and mental health staff training records, training certificates, and sign off acknowledgement forms. In addition, interviews with medical and mental health staff confirmed they had received and understood the specialized trainings they received specific to their job title.

Per the Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, medical and mental health staff also receive the PREA training that all staff members at the facility are required to complete on an annual basis. Medical and mental health staff interviewed were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response. This auditor was able to review medical and mental health staff training records to confirm they received and successfully completed the annual PREA training that all staff members are required to complete.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Geisinger Medical Center
- Employee Training Curricula
- Training logs

Interviews:

- Interview with nurse
- Interview with mental health staff
- Phone interview with representative from Geisinger Medical Center

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.341: Screening for risk of victimization and abusiveness**

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

### 115.341 (a)

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

### 115.341 (b)

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

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) the residents' own perception of vulnerability?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

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

#### 115.341 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 1.26B, Transitional Services addresses the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered on the date of admission to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or towards a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly. A

vulnerable resident will not be placed next to a sexually aggressive resident. They also consider the age, height, weight, and resident's own gender identity when placing youth into program.

The Court Liaison Program Specialist assigned to the facility administers the instrument, considers the intake packet, conversations with parents, probation officers, and caseworkers as part of every intake. The Court Liaison Program Specialist that was interviewed stated he used a combination of developing a conversational rapport with the resident and asking direct questions. Periodic reassessment occurs as a part of the Multi-Discipline Team treatment process and after any PREA related incident. All completed Vulnerability Assessment Instruments are securely kept in the resident's file and have restricted access.

During the past twelve (12) months, there were ninety-four (94) residents admitted whose length of stay in the facility were for seventy-two (72) hours or more. All residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing another resident within seventy-two (72) hours by being administered the Vulnerability Assessment Instrument by Court Liaison Program Specialist. This auditor was able to confirm the Vulnerability Instrument is completed upon admission immediately after the PREA education by the Court Liaison Program Specialist who completed the form. The Court Liaison Program Specialist who completed the Vulnerability Assessment was interviewed and confirmed they understood how to administer this screening and were aware of its importance in keeping residents safe from sexual abuse. Pennsylvania BJJIS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJIS Policy 1.26B Transitional Services, state the facility must ascertain information about: prior victimization or abusiveness; any gender non-conforming appearances or manner of identification as lesbian, gay, bisexual, transgender, or intersex; and whether the youth may therefore be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; physical disabilities; the youth's own perception of vulnerability; and any other specific information about the individual youth that may indicate needs for heightened supervision, additional safety precautions, or separation from certain other youth.

This auditor was able to review the Vulnerability Assessment that is used to screen residents and confirm this form captures the information required for this standard. This auditor was able to review the resident case files to confirm they are being completed within seventy-two (72) hours of intake.

Interviews with the Facility PREA Compliance Manager and the Court Liaison Program Specialist that performs screening for risk of victimization and abusiveness revealed that the Court Liaison Program Specialist interviews each resident upon admission and periodically throughout a resident's confinement. Staff that perform screening for risk of victimization and abusiveness also stated they use case history notes and behavioral reports when completing the assessment. The periodic reassessments are conducted every five (5) months by the Psychological Services Specialist (PSS). An interview with the PSS confirmed that the reassessments occur every five (5) months. A review of the reassessments was verified by this auditor.

All completed assessments are securely kept in the resident's file and staff have limited access to these files. All necessary information is recorded and communicated to staff members for housing assignments, room assignments, or additional supervision purposes only to ensure sensitive information is not exploited to the resident's detriment by staff or other residents.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Service Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Service Policy 1.26B, Transitional Services
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Review of resident files

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Court Liaison Program Specialist that perform screening for risk of victimization and abusiveness
- Interview with Psychological Service Specialist (PSS)
- Interviews with residents

## Standard 115.342: Use of screening information

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

#### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  Yes  No  NA

#### 115.342 (c)

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

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### 115.342 (f)

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

### 115.342 (g)

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

### 115.342 (h)

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

### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

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

The Court Liaison Program Specialist who conducts risk screenings stated that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or other residents. Interviews with staff stated that there is no specific or segregated housing units for LGBTI residents. Transgender or Intersex resident housing would be determined on a case-by-case basis and would be formally reviewed every thirty (30) days as well as daily. The resident's own views for their safety would be considered when making housing decisions as well as the safety of all residents.

There were three (3) youth in the facility during the audit that identified themselves as LGBTI. This auditor interviewed one (1) resident that identified as transgender, one (1) as gay, and one (1) as lesbian. All three (3) youth stated they felt safe in the facility. They said staff check on their safety on a regular basis. The youth felt they receive privacy to take showers, use the toilet, and change clothing. The three (3) youth stated that they shower separately. Of the twenty (20) resident files this auditor reviewed, six (6) of the residents were identified as sexually vulnerable from the Vulnerability Assessment Instrument. All six (6) residents were seen by the Psychological Services Specialist immediately after intake. A Safety Plan and follow-up services were provided for each youth.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Vulnerability Assessment of twenty (20) residents.
- Housing Logs
- Resident Hygiene Policy

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Court Liaison Program Specialist
- Interview with the Psychological Services Specialist
- Interviews with residents

## REPORTING

## Standard 115.351: Resident reporting

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

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.)  Yes  No  NA

#### 115.351 (c)

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

#### 115.351 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, and staff neglect. The document showed several ways for residents to report sexual abuse, sexual harassment, or retaliation. These are:

- Direct reporting to an employee, educational staff, or contracted entity
- Privately reporting to a public or private entity, or an office that is not part of the agency
- Grievance process
- Privately reporting to Child Line
- Third parties including family members or attorneys

The PREA Zero Tolerance Policy 1.14 contains all necessary information and provides for residents to make reports verbally, in writing, anonymously, and through third parties. It mandates that staff accept resident reports in all these formats and that these reports shall be immediately processed according to child abuse regulations. All staff are mandated reporters of abuse per BJJS Policy and Procedure 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment and the laws of the Commonwealth of Pennsylvania. 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. Residents have access to the Blue Phone to anonymously report abuse outside the agency. Residents can also call home and have visits with their parents and grandparents on a weekly basis. Visits by Probation Officers and Attorneys are not limited, and residents confirm they receive them.

All youth interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Resident information is delivered to the residents at admission by the Court Liaison Program Specialist. They receive comprehensive PREA education on day five (5) by their counselor. PREA education, including a PREA Slideshow, Resident Handbook, and PREA brochures, are provided to the resident. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse. Additionally, they understood the grievance process. All knew where to access the Blue Phone to report abuse outside of the agency/facility. Four (4) of the youths interviewed reported sexual abuse while at NCSTU. All youth stated that they used the Blue Phone to report the allegation. The allegations were investigated

by Montour County Children and Youth and the Pennsylvania State Police. Residents receive information upon admission regarding how to report abuse and there are posters throughout the facility and on the housing units in English and Spanish with the information.

Staff members interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they would immediately document a verbal report and process according to child abuse regulations.

There is a grievance box located in each housing unit in the day room. Forms are available in English and Spanish. The PREA box is checked daily. All residents were aware of the grievance procedures and stated they were shown how to fill out a grievance by their counselor during the comprehensive PREA education on day five (5).

There were no incidents at NCSTU solely for civil immigration purposes. However, during the interviews with the Facility Directors, it was determined they would provide the residents information on how to contact relevant officials at the Department of Homeland Security to report sexual abuse and/or harassment.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with representative from Women's Center
- Interviews with randomly selected staff
- Interviews with residents

## **Standard 115.352: Exhaustion of administrative remedies**

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

### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally

pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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 3.03A, Resident Grievances provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within forty-eight (48) hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance. There were no incidents of sexual abuse, sexual harassment, or retaliation filed using the grievance process in the past twelve (12) months. No grievances by residents or third parties were filed alleging sexual abuse, harassment, or retaliation.

Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. All youth interviewed were aware of the grievance box, where to locate the forms, and how to fill out a grievance form. If a resident filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy. This auditor reviewed twenty (20) resident files, and all contained notification of the grievance process.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 3.03A, Resident Grievances
- Grievance Forms
- Files of twenty (20) residents

Interviews:

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

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

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

### 115.353 (a)

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

### 115.353 (b)

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

### 115.353 (c)

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

### 115.353 (d)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.06B. Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment outlines that BJJS will provide residents with access to confidential emotional support services with the Pennsylvania Coalition Against Rape through the Women's Center. There is a statewide memorandum of understanding (MOU) with the Pennsylvania Coalition Against Rape. Posters in both English and Spanish are posted throughout the facility with the information. All youth receive a handout at admission regarding how to report abuse. In addition, the residents are told upon admission about the support services that are offered to them in the community through the Women's Center. Staff from the Women's Center have been in the facility conducting various groups with the residents as was reported by a few of the residents during interview.

Interviewed residents were aware of how to access outside agencies by using the Blue Phone which is in the nurse's office and has a direct line to these services and does not require the youth to remember any telephone number. The residents interviewed were all able to describe the advocacy services offered to them. All residents stated they knew how to use the Blue Phone and acknowledged receiving weekly free telephone calls to their families and weekly visits. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. This auditor interviewed five (5) residents that had reported sexual abuse. They were all aware of the grievance process and the Blue phone.

All staff were aware of how residents can access outside agencies through the Blue Phone. The hotline numbers and the Women's Center numbers are posted throughout the facility.

An MOU is in place with Pennsylvania Coalition Against Rape and the services they offer. The MOU was reviewed by this auditor, and this auditor spoke to a representative by telephone prior to the on-site audit to confirm the services offered in the MOU. During the tour, this auditor picked up the Blue Phone and confirmed that the phone was in service and connected to Women's Center in Bloomsburg, PA.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Telephone and Visitation Policy
- English and Spanish PREA posters in the facility
- Resident PREA Brochures
- MOU with Pennsylvania Coalition Against Rape / Women's Center

Interviews:

- Interview with Facility PREA Compliance Manager

- Interview with a representative from the Pennsylvania Coalition Against Rape
- Interviews with randomly selected staff
- Interviews with residents
- Interviews with residents who made sexual abuse allegations

## 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.*

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment describes how third parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates, and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. BJJS has established various methods to receive third-party reports of sexual abuse and sexual harassment which includes BJJS's public website that lists the ChildLine number to call if sexual abuse or harassment is suspected. The Hotline number and the Women's Center number is also posted at the entrance where visitors enter the facility and in the visiting area and throughout the facility. Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.

There is a grievance box located on each housing unit in the day room for residents and staff. Forms are in English and Spanish and located next to the box. The box is checked daily. All residents stated that their counselor reviewed the grievance process with them on day five (5) during their PREA education.

There were no incidents of third-party reporting during the past twelve (12) months. All staff members interviewed acknowledged that they would accept a third-party report of abuse in the same manner as if they had witnessed the abuse themselves.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- BJJS public website
- PREA posters
- Grievance box

Interviews:

- Interview with counselor
- Interviews with randomly selected staff
- Interviews with residents

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

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

#### 115.361 (a)

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

#### 115.361 (b)

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

### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians?  Yes  No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

### 115.361 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that all BJJS staff must immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the administration through the appropriate chain of command. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities. All staff, contractors, and volunteers are mandated by policy to report any knowledge of sexual abuse or harassment and any suspected retaliation. The policy further prohibits staff from revealing information regarding a sexual abuse report except on a need-to-know basis.

All staff members interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation, must be reported to the ChildLine hotline. All staff members interviewed were aware that they must immediately contact their supervisor to report the allegation to the ChildLine hotline. Interviews with staff members (including mental health and medical staff) confirmed they are aware of their obligations to protect the confidentiality of the information they obtain from a report of sexual abuse.

Mental health and medical staff interviewed indicated that disclosure is prohibited to residents regarding the limitation of confidentiality and their duty to report any knowledge, suspicion, or information regarding any allegations of sexual abuse or sexual harassment to their direct supervisor immediately upon learning of the allegation. This information is also called into the ChildLine hotline to be investigated. Staff interviewed also discussed completing Mandated Reporter trainings on an annual basis.

All allegations of sexual abuse, sexual harassment, neglect, and retaliation are reported to the ChildLine hotline. ChildLine will determine if the information meets the requirements to register a report for investigation. Montour County Children and Youth would conduct the investigation. It should be noted that all staff members (including medical and mental health staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report.

Interviews with the Facility Directors, Facility PREA Compliance Manager, and staff members (including medical staff and mental health staff) confirmed they are aware of how to report an allegation and were aware that all allegations are investigated by the Pennsylvania State Police.

There were eleven (11) sexual abuse allegations during the past twelve (12) months. All allegations were called into ChildLine and the Pennsylvania State Police (PSP). PSP and Montour County Children and Youth (C&Y) declined to investigate four (4) of the nine (9) allegations of staff sexual misconduct. Of the five (5) allegations that PSP and C&Y investigated, no criminal charges were filed, nor was any abuse indicated. BJJS investigators determined that two (2) of the nine (9) staff sexual misconduct allegations were unsubstantiated. The other seven (7) allegations of staff sexual misconduct were unfounded. PSP and Montour County Children and Youth (C&Y) declined to investigate the both allegations of resident on resident sexual abuse. Both of those allegations were substantiated by BJJS investigators. Those two allegations involved female residents voluntarily kissing each other. The Zero Tolerance Policy 1.14 requires all staff to immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or

retaliation. All staff, contractors, and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff, contractors, medical nurse, and mental health staff, when interviewed, acknowledged that they are mandated reporters and knew that they must immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. Interviews with the Facility Directors supported the protocol discussed in the above-mentioned policy.

Reviewed documentation to determine compliance:

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

Interviews:

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

## Standard 115.362: Agency protection duties

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

### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 1.06B, Reporting and Investigation Alleged

Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment require that when a staff member learns that a resident is subjected to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. There were zero (0) residents that the facility determined were subject to substantial risk of sexual abuse during the past twelve (12) months per the Pre-Audit Questionnaire. After review of the policies, interviews with the Facility Directors, Facility PREA Compliance Manager, and twelve (12) random staff, this auditor affirms that any report of imminent sexual abuse would be handled immediately and properly. All staff interviewed were able to articulate means that they would use to protect youth should this occur. These included immediately calling for a supervisor to respond to the location; keeping the youth under arms-length supervision until the supervisor arrives; and, if necessary based on the imminent nature of the threat, securing the youth alone in a bedroom, office, or other room. All staff members stated they would act immediately. If the aggressor was a staff member, interviews confirmed that the staff member would be removed or terminated.

The BJJIS PREA Coordinator was interviewed regarding the protective action the facility takes when learning that a resident is subject to substantial risk of imminent sexual abuse. The facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser, either by transferring the resident to another facility or making a housing unit change if the potential abuser is a staff member. The staff member could also be removed from the housing unit or placed on Administrative Leave pending an investigation. The PREA Coordinator stressed the safety of the residents as a top priority.

Interviews with the Facility Directors confirmed staff members would be expected to act immediately to separate the resident at risk from a potential abuser. In addition, they reported a Safety Plan would be developed and implemented to ensure the safety of the resident at risk. The Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a housing unit and/or room change as necessary.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with the Facility Directors
- Interview with PREA Coordinator
- Interview with the Youth Development Counselor Supervisor
- Interview with Facility PREA Compliance Manager
- Interview with randomly selected staff

## **Standard 115.363: Reporting to other confinement facilities**

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

### **115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

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

#### 115.363 (c)

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

#### 115.363 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment state that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Directors that received the allegation shall notify the facility head or appropriate office of the agency where the alleged abuse occurred and shall also notify the Department of Human Services. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Any report filed by another agency to North Central Secure Treatment Unit shall be investigated the same as any other incident that pertains to the PREA Policy. All other parties, parents, guardians, parole officers, and caseworkers will be immediately notified. There were no incidents that have required reports within the past twelve (12) months. Interviews with the Facility Directors confirmed this process. They stated that if they were to receive an allegation from a youth regarding another facility, he or his designee would call the facility to inform the Facility Directors of the allegations and follow up with a letter as well.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with the Facility Directors

## 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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment state that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policies. The first staff member to respond to the scene shall be required to:

1. Separate the victim and alleged abuser
2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence
3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating
4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
5. Notify the Facility Director or designee and document the incident
6. Transport to Geisinger Medical Center

All staff interviewed could articulate the steps they would take as a first responder. Staff carry a card with their first responder duties printed on them. Their responses were consistent with the PREA Zero Tolerance Policy. This auditor observed the First Responder Duty Card on each employee during the interviews.

There were eleven (11) allegations that were reported during the past twelve (12) months but none that required first responder actions.

Reviewed documentation to determine compliance:

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

Interviews:

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

## Standard 115.365: Coordinated response

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

### 115.365 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires each facility to have an institutional plan for a coordinated response. A copy of North Central Secure Treatment Unit's institutional plan was provided to this auditor. The plan provided clear and concise direction for response to any alleged PREA violation. There have been no incidents in the past twelve (12) months that require the use of the coordinated response. Interviews with the Facility Directors, direct care staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities regarding an incident or allegation of sexual assault. There is a sexual assault checklist that requires the staff person to check off each item such as notification of medical, administration, and documentation. All staff interviewed were aware of their program's institutional plan and where to locate the document.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with Facility Directors
- Interview with nurse
- Interview with mental health staff
- Interview with randomly selected staff

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

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

### 115.366 (a)

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

### 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that neither BJJS nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining unit agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There have been no new collective bargaining agreements entered into by North Central Secure Treatment Unit or BJJS on behalf of North Central Secure Treatment Unit that would violate this standard. BJJS Policy and Procedures 1.14 specifically authorizes BJJS to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were nine (9) reported allegations of staff sexual misconduct during this audit period. All nine (9) allegations were reported to Child Line and investigated. Seven (7) allegations were determined to be unfounded, and two (2) allegations were unsubstantiated.

During the interviews with the Facility Directors, they stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into place. This always includes removing the staff person from contact with the resident or residents and depending upon the allegation, placing the staff member on Administrative Leave until the investigation is completed. Staff were removed from the area and had no contact with the residents in all nine (9) allegations. Safety Plans were also implemented in each incident.

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with Facility Directors

## Standard 115.367: Agency protection against retaliation

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

### 115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

### 115.367 (c)

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

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

#### 115.367 (d)

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

#### 115.367 (e)

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

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall ensure all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations of sexual abuse and harassment are protected from retaliation in accordance with BJJS policies 1.01A, Transfer of Residents, 1.06B, Reporting and Investigating Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment, and 1.27A, Multidisciplinary Team.

Protective measures may include unit changes or transfers for residents, (regardless if they are victims or abusers) removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting abuse, sexual abuse, and/or sexual harassment or for cooperating with investigations. The PREA Policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The Facility Director has been named by the policy as the staff person charged with monitoring retaliation against staff or youth. Monitoring at the facility will continue for at least ninety (90) days following a report of sexual abuse. Items that will be monitored include any resident disciplinary reports, unit or programming changes, negative performance reviews, and reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

Interviews with the Facility Directors indicated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, a safety plan would be required, which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment or suspension. It could include moving the resident's room, unit, or program. They stated that the facility would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the facility that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. This is documented. During interviews with the Facility Directors, they stated they would conduct daily check-ins with the youth, read the log book, look for any changes in behavior of youth, review all disciplinary logs, and observe youth's interactions with everyone for signs of retaliation. They also stated they would conduct random camera reviews to look for signs of retaliation.

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

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.27A, Multidisciplinary Team

Interview:

- Interviews with Facility Directors

## 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.*

North Central Secure Treatment Unit reports that it did not use post-allegation protective custody during the past twelve (12) months. This is consistent with the agency's Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment to limit the use of isolation to instances of imminent threat or harm. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. Interviews with the Facility Directors confirmed the prohibition of segregated housing for this purpose.

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with Facility Directors

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

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

#### 115.371 (a)

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

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

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

#### 115.371 (d)

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

#### 115.371 (e)

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

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

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

#### 115.371 (h)

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

#### 115.371 (i)

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

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

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

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states any reports (direct, indirect, third-party) received involving sexual abuse and sexual harassment shall be reviewed by the Facility Directors or designee to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly, and objectively. If the minimum criteria are met, the allegations shall be reported to the Pennsylvania State Police who have been trained in sexual abuse investigations involving juvenile victims. There is an MOU with the Pennsylvania State Police. The facility does not conduct criminal investigations. BJJS Policy and Procedures 1.06B and 1.09C comply with this standard relative to the administrative investigations. BJJS investigators completed PREA investigations training and follow the protocols there in when conducting investigations related to the allegations of sexual harassment. The internal administrative investigation is not in lieu of the County Children and Youth Agency investigation and is conducted to determine adherence to policies and procedures. This investigation shall not impede the County Children and Youth Agency investigation. If the allegation of sexual abuse was determined to be substantiated or unsubstantiated, an Incident Review would also be conducted after the investigation was complete. Investigations are not to be terminated should the source of the allegation recant the allegation. The facility will report all allegations, even if the victim recants. All allegations, even if a staff person is no longer employed at the facility, are reported.

As noted in the BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment, NCSTU does conduct investigations for allegations of sexual abuse or sexual harassment. Investigations are also completed by Montour County Children and Youth.

Interviews with a representative from Montour County Children and Youth confirmed that all staff complete investigations of sexual abuse and sexual harassment and receive training specific to juvenile sexual abuse victims. The investigator was able to describe the training to this auditor during the phone interview. The investigator stated that all evidence gathered during the investigation is kept within the investigative file and local law enforcement authorities are contacted as necessary. They gather and preserve direct and circumstantial evidence, interview alleged victims, suspected perpetrators, and witnesses during an

investigation. In addition, all reports and video footage of the allegations are also reviewed by investigators during an open investigation. During the interview with the Montour County Children and Youth investigator, they confirmed investigations are not terminated because the source of the allegation recants the allegation. They stated the investigation would continue until a determination is made. They also stated that whenever evidence supports criminal prosecution, the investigation would be turned over to the Pennsylvania State Police.

During the interview with the investigator, they noted the alleged victim's credibility will be assessed on an individual basis and not determined by their status as a resident or staff member. They stated that all investigations are conducted in the same manner; investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

There were five (5) residents who reported an allegation of sexual abuse that this auditor interviewed. Residents stated that they were placed on a Safety Plan and staff would check on their safety. They also stated that they were informed of the outcome of the investigation.

Investigative reports note whether staff actions or failures to act contributed to the alleged abuse. Each investigative report is sent to the Facility Director at the conclusion of an investigation and clearly notes if the allegation is substantiated, unsubstantiated, or unfounded. All allegations that are potentially criminal in nature are referred to the Pennsylvania State Police. During the past twelve (12) months, there were eleven (11) allegations of sexual abuse referred to the Pennsylvania State Police for investigation.

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

The investigator noted the departure of an alleged abuser or victim from their employment or control by the facility/agency does not provide a basis for termination of an investigation. They state the investigation would continue until a determination is made.

Pennsylvania BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment notes the facility will cooperate with outside investigators and will remain informed of the investigative process. The Facility Directors stated that they maintain contact with the County Children and Youth investigators during an open investigation via telephone calls, e-mails, and on-site visits.

There were eleven (11) allegations of sexual abuse or sexual harassment during the past twelve (12) months. All eleven (11) allegations were investigated. Seven (7) allegations were unfounded, two (2) were unsubstantiated, and two (2) were substantiated. The facility conducted four (4) Sexual Abuse Incident Reviews. Interviews with the Facility Directors and the Agency PREA Coordinator confirmed the protocols are in place for administrative and criminal investigations.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.09C, Management of Investigations
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Pennsylvania State Police
- Eleven (11) Investigative Reports
- Four (4) Sexual Abuse Incident Reviews
- Monitoring Retaliation Forms
- Documentation of Notification to Resident

Interviews:

- Interview with Agency PREA Coordinator
- Interviews with Facility Directors
- Interview with the Facility PREA Compliance Manager
- Interview with representative from Pennsylvania State Police
- Interview with representative from Montour County Children and Youth
- Interviews with resident that alleged sexual abuse or sexual harassment

## Standard 115.372: Evidentiary standard for administrative investigations

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

#### 115.372 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Pennsylvania Department of Human Services confirmed this policy is followed for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Montour County Children and Youth and Pennsylvania State Police.

There were eleven (11) allegations of sexual abuse and sexual harassment that were referred to Child Line and the State Police during the past twelve (12) months. All allegations were investigated. Seven (7)

allegations were determined to be unfounded, two (2) allegations were determined to be unsubstantiated, and two (2) allegations were substantiated.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Eleven (11) Investigative Reports

Interviews:

- Interviews with Facility Directors
- Interview with the Facility PREA Compliance Manager
- Phone interview with representative from Montour County Children and Youth

## Standard 115.373: Reporting to residents

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

### 115.373 (a)

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

### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.373 (e)

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

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Abuse and/or Sexual Harassment state that juveniles who are currently in the custody of BJJS are entitled to know the outcomes of investigations of their allegations. The facility shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications shall be documented. If the allegation involved a staff member, the facility shall inform the juvenile whenever the staff member is no longer posted within the juvenile's unit, when the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility, or when the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation involved another juvenile, the facility shall inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Facility Directors and Facility PREA Compliance Manager stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. All notifications are documented. The facility had eleven (11) allegations of sexual abuse or sexual harassment during the past twelve (12) months. Seven (7) investigations resulted in unfounded findings, two (2) were unsubstantiated, and two (2) were substantiated. All residents were informed of the outcome of their investigation. This was verified by this auditor.

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with the Facility Directors
- Interview with the Facility PREA Compliance Manager
- Interview with residents who made sexual abuse allegations

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

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

#### 115.376 (a)

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

#### 115.376 (b)

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

#### 115.376 (c)

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

#### 115.376 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

All dismissals for violations of BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment or resignations by staff who would have been dismissed or subject to dismissal proceedings if not for their resignation must be reported to law enforcement agencies unless the activity was clearly not criminal and reported to any relevant licensing bodies.

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

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with the Facility Directors
- Interview with Director of Human Resource

## 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 Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with resident and shall be reported to law enforcement agencies and to relevant licensing bodies. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.

The Facility Directors stated that the facility would immediately remove the contractor or volunteer from the facility, would contact appropriate authorities, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard. This was verified by the Director of Human Resource during his interview.

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with the Facility Directors
- Interview with the Facility PREA Compliance Manager
- Interview with Director of Human Resource

**Standard 115.378: Interventions and disciplinary sanctions for residents**

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

**115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
  - Yes    No

**115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

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

#### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.06B, Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment and BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment state that a resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse, resident-on-resident sexual activity, or following a criminal finding of guilt for resident-on-resident sexual abuse. Any resident that violates these policies is subject to disciplinary sanctions commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. Residents are subjected to disciplinary sanctions for contact with staff, if upon investigation, it is determined that the staff member did not consent to such contact. Disciplinary action must be administered in a fair, impartial, and expeditious manner. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse. North Central Secure Treatment Unit 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 were therapeutic in nature.

Interviews with the Facility Directors and Psychological Services Specialist confirmed that a resident's mental health is always considered when discipline is imposed for incidents of sexual abuse. In addition, the Psychological Services Specialist stated the resident's mental health diagnosis is reviewed and considered during Sexual Abuse Incident Reviews following a substantiated or unsubstantiated finding to ensure appropriate discipline was imposed.

Consideration must be given to providing the offending youth therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. However, the facility may not require participation in such interventions as a condition of access to general programming or education.

Interviews with medical and mental health staff were conducted by this auditor during the on-site portion of this audit. The interviews confirmed North Central Secure Treatment Unit does offer mental health services for any resident found to have engaged in resident-on-resident sexual abuse. The mental health staff stated

the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

There were seven (7) allegations of resident-on-resident sexual abuse during the past twelve (12) months. All were investigated by the Montour County Children and Youth and the State Police. Three (3) investigations were unfounded, two (2) were unsubstantiated, and two (2) were substantiated.

In the substantiated cases, the two (2) residents were immediately separated and moved to separate units. All residents were seen by the Psychological Services Specialist and youth were placed on Safety Plans.

BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment of Youth states the facility may only discipline a youth for sexual contact with staff upon a finding that the staff member did not consent to such contact. Interviews with the Facility Directors confirmed a resident would only be disciplined for sexual contact with a staff member upon finding the staff member did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse during the past twelve (12) months. The Facility Directors also confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. The Facility Directors also noted that any suspicion of possible sexual abuse is reported to the ChildLine hotline immediately for investigation.

There were two (2) substantiated allegations of sexual abuse during the past twelve (12) months. The perpetrators were sanctioned within the program rules. All residents sanctioned are afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. BJJS does not use isolation or segregation as a disciplinary measure.

Interviews with the Facility Directors and the Facility PREA Compliance Manager confirmed that the facility does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to BJJS policy.

Reviewed documentation to determine compliance:

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

Interview:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with Psychological Services Specialist
- Interview with nurse
- Interview with resident who made sexual abuse allegations

## **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 Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS's Policy 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment describe in detail that if a resident's intake assessment indicates that they have experienced any prior sexual victimization or have perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the resident will be offered a follow-up meeting with the psychologist, psychiatrist, and/or mental health worker within fourteen (14) days of the intake screening. Documentation of such shall be noted on the resident's Vulnerability Assessment Instrument. Anytime an allegation of sexual abuse occurs, the resident will be taken to Geisinger Medical Center to be seen by a SANE nurse without financial cost to the resident. Upon return from the hospital, the nurse is to assess for any lingering acute or non-acute physical injuries, as well as any psychological impact of the victimization. Youth admitted to North Central Secure Treatment Unit are seen by medical staff within twenty-four (24) hours of arrival.

There were six (6) residents admitted during the past twelve (12) months who previously perpetrated sexual abuse. This auditor reviewed randomly selected resident files to confirm there were six (6) residents admitted into the facility who previously perpetrated sexual abuse. The six (6) resident files had documentation showing that all six (6) residents were referred to the Psychologist Services Specialist for assessments and were seen within twenty-four (24) hours of intake.

Interviews with the Facility Directors, Agency PREA Coordinator, medical staff, and Psychological Services Specialist confirmed any information from the intake screen is limited to medical and clinical staff. This information is not accessible to direct care staff.

During the interviews with medical staff and the Psychological Services Specialist, it was noted they are mandated reporters and are required by law to report any information they receive from a resident relating to sexual abuse. All staff members interviewed stated they inform the resident upon intake of their reporting duties.

During interviews the Facility Directors and intake staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with medical and mental health staff within fourteen (14) days of intake. They related that services that are offered include evaluations, developing a treatment plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow-up meeting.

A review of resident files noted there were five (5) residents who have disclosed prior victimization during screening. All five (5) residents were placed on Safety Plans and were monitored for their safety. The five (5) residents were seen within twenty-four (24) hours of screening upon intake for an assessment. Per the medical staff interview, youth have access to the same medical services available to youth in the community. When a disclosure of prior abuse occurs, and services are offered by medical and mental health staff, which is documented in the resident's case file. Access to these files is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment
- Vulnerability Assessments of twenty (20) residents
- Log of Admissions

- Secondary medical documentation
- Files of five (5) residents who disclosed prior victimization

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with the Nurse
- Interview with Psychological Services Specialist
- Interview with Court Liaison Program Specialist
- Interviews with residents

## Standard 115.382: Access to emergency medical and mental health services

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

#### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.382 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states all allegations of sexual abuse or where there has been penetration or contact between the mouth and penis, vulva or anus; or where there is an injury that may indicate penetration, or contact between the mouth and penis, vulva or anus, the victim will be immediately transported to Geisinger Medical Center for clinical assessment and gathering of forensic evidence by professionals who are trained and experienced in the management of victims of sexual abuse. The outside medical facility's trained Sexual Assault Nurse Examiner (SANE) will make the final determination regarding evidence collection. Staff who can provide support to the victim must accompany the youth. If a youth refuses to be examined at the hospital, such refusal must be properly documented on the appropriate form(s).

North Central Secure Treatment Unit has a MOU in place with Geisinger Medical Center to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) and provide medical/mental health services at no cost to the victim. This MOU was provided to this auditor for review. In addition, this auditor contacted a representative from Geisinger Medical Center to confirm resident victims are referred to their facility and receive the services noted in the MOU.

There were no residents at the facility who reported sexual abuse involving penetration during the past twelve (12) months. Therefore, there were no residents sent to Geisinger Medical Center for a forensic examination.

BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states to preserve evidence, and an allegation of rape or penetration requires that a youth not be allowed to engage in any activities such as hygiene, washing, bathing, showering, eating, drinking, brushing teeth, chewing gum, and eating or drinking (unless medically necessary). Youth should also be discouraged from urinating or defecating as that may destroy evidence prior to being presented at a hospital for the gathering of such evidence.

All staff members interviewed confirmed the duties of a first responder and were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.

BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis. This is in accordance with professionally accepted standards of care, where medically appropriate.

This auditor was able to interview a medical staff at the facility who stated any resident of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted

infections prophylaxis while at Geisinger Medical Center and during follow up appointments with medical staff at the facility.

BJJS Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states all medical, mental health, and counseling services must be provided at no cost to the youth.

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

North Central Secure Treatment Unit has a MOU with the Pennsylvania Coalition Against Rape through the Women's Center. The Women's Center is notified by the resident, staff, family and/or the facility. They will send an advocate to the hospital and meet with the victim and guide the victim through the SANE examination, investigation process, interviews, and arrange for counseling and support services for the resident. These services will be at no cost to the resident.

There were eleven (11) incidents of sexual abuse, as defined in the PREA standards, at North Central Secure Treatment Unit during this audit period. All of the allegations were investigated. The two (2) substantiated cases involved two (2) residents kissing. None of the incidents required a SANE so there was no documentation to review.

Interviews with the Facility Directors and the Facility PREA Compliance Manager confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOU with Geisinger Medical Center and with the Women's Center.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment
- MOU with Geisinger Medical Center
- MOU with Women's Center
- PREA Response packet
- First Responder Protocol paperwork

Interviews:

- Interviews with Facility Directors
- Interview with Facility PREA Compliance Manager
- Interview with nurse
- Interview with Psychological Services Specialist
- Interviews with randomly selected staff
- Interview with residents who made sexual abuse allegations

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

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

**115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

**115.383 (b)**

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

**115.383 (c)**

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

**115.383 (d)**

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

**115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

**115.383 (f)**

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

**115.383 (g)**

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

**115.383 (h)**

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 1.26A, Transitional Services state that residents will be offered a follow-up meeting with a mental health practitioner within fourteen (14) days of the intake screening. Any resident or resident offender will be assessed and offered follow-up counseling that will be on-going within sixty (60) days of learning about the abuse history. However, the counseling usually occurs the same day staff learn about it. In the event that a sexual assault incident was to occur, the victim would receive services from the community provider as outlined in the statewide MOU. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Interviews with the Facility Directors, medical staff, and Psychological Services Specialist confirmed all residents are offered a medical and mental health evaluation upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident's first week at the facility.

Medical and mental health evaluations completed on each resident at the facility include a diagnosis and recommendation. Both medical staff and clinical staff interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow-up services would occur more frequently, and recommendations would include more specific follow-up services.

Interviews with the Facility Directors confirmed any resident who is a victim of sexual abuse at the facility would be offered timely follow-up for sexually transmitted diseases as part of the follow-up with the Medical Department. This would occur if the victim was tested at the hospital or not.

Interviews with the Facility Directors confirmed the above-mentioned process occurs as detailed in this standard. In addition, they stated the level of the care that a resident receives is consistent with the community level of care. The youth would have the option of facility clinical staff or community providers for ongoing mental health services.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 1.26B, Transitional Services

Interviews:

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

## 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.*

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that within 30 days of the conclusion/receipt of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. The Facility Directors shall convene a Review Team consisting at a minimum of upper-level management officials. The Review team shall obtain input from direct supervisors, investigators, medical, mental health professionals, and other employees as appropriate. In addition, the Review Team must:

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.

4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Facility Director.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

The Facility Directors stated the Incident Review Team consists of upper-level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. He stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation. Recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the Facility Directors. This auditor was provided copies of the four (4) PREA Sexual Abuse Incident Reviews that were conducted.

There were four (4) incidents within the past twelve (12) months that have required an incident review. All four (4) Sexual Abuse Incident Reviews were conducted within thirty (30) days of the conclusion of each investigation. This auditor reviewed all four (4) of the completed Sexual Abuse Reviews. All PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report by the Facility Directors.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Four (4) completed Sexual Abuse Incident Review Forms

Interviews:

- Interviews with Facility Directors
- Interview with Incident Review Team member

## Standard 115.387: Data collection

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

### 115.387 (a)

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

### 115.387 (b)

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

### 115.387 (c)

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

### 115.387 (d)

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

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that the facility PREA Compliance Manager collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The BJJS PREA Coordinator aggregates the incident-based sexual abuse data at least annually. The incident-based data collected includes, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, BJJS shall provide all such data from the previous calendar year to the Department of Justice by no later than June 30.

An interview with the BJJS PREA Coordinator indicated that he keeps detailed records for all incidents to generate his annual report and/or data required by the United States Department of Justice. There were

eleven (11) allegations of sexual abuse during the past twelve (12) months. The facility has submitted the Annual Sexual Violence form and had it posted on the DHS website on November 1, 2021.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- 2021 Annual PREA Report
- DOJ 2020 Annual Survey

Interview:

- Interviews with Facility Directors
- Interview with BJJS PREA Coordinator
- Interview with Facility PREA Compliance Manager

## Standard 115.388: Data review for corrective action

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

### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

### 115.388 (b)

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

### 115.388 (c)

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

### 115.388 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's 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 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

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

Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of BJJS's progress in addressing sexual abuse.

The annual report shall be approved by the BJJS Director and made readily available to the public through the DHS website. Specific material is redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility but must indicate the nature of the material redacted. BJJS shall also remove all personal identifiers from the report. The most recent Annual PREA Report (2021) is posted on the DHS website and was reviewed by this auditor.

Upon request, BJJS provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed by the BJJS PREA Coordinator and posted on the DHS website (most recent survey 2020).

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with Facility Directors
- Interview with BJJS PREA Coordinator
- Interview with Facility PREA Compliance Manager

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

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

#### 115.389 (b)

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

#### 115.389 (c)

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

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment requires that aggregated sexual abuse data is made readily available to the public at least annually through the DHS website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.

The facility's Annual PREA Report is reviewed and approved by the BJJS Director and made available to the public through the DHS website. The BJJS PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2021) is posted on the DHS website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with Facility Directors
- Interview with BJJS PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

North Central Secure Treatment Unit was first audited in 2016 during the third year of the first three-year cycle. The facility was re-audited on July 1, 2019, third year of the second three-year cycle and was found to be fully compliant on July 13, 2019. This re-audit occurred during the third year of the 3<sup>rd</sup> three-year PREA cycle on May 4, 2022.

The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on February 28, 2022), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility and was provided a private and confidential area of the facility to complete interviews of residents and staff.

The facility has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the DHS website.

Reviewed documentation to determine compliance:

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

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

Final PREA audit report from 2019 is posted on the DHS website. The final PREA reports were posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the DHS website and an interview with the BJJS PREA Coordinator.

Reviewed documentation to determine compliance:

- DHS website

Interview:

- Interview with BJJS PREA Coordinator

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

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

been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Farooq Mallick

June 3, 2022

**Auditor Signature**

**Date**

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