

**JUVENILE FACILITIES**

**Date of report:** 08/03/2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 518 860 5764			
<b>Date of facility visit:</b> July 19, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Loysville Youth Development Center			
<b>Facility physical address:</b> 10 Opportunity Dr. Loysville, PA 17047			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (717) 789-3841			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> John Boyer/ Jenny Naugle			
<b>Number of staff assigned to the facility in the last 12 months:</b> 216			
<b>Designed facility capacity:</b> 108			
<b>Current population of facility:</b> 90			
<b>Facility security levels/inmate custody levels:</b> Secure			
<b>Age range of the population:</b> 12 - 20			
<b>Name of PREA Compliance Manager:</b> Ken Cecil		<b>Title:</b> Youth Development Counselor Manager	
<b>Email address:</b> kcecil@pa.gov		<b>Telephone number:</b> (717) 789-5409	
<b>Agency Information</b>			
<b>Name of agency:</b> Pennsylvania Bureau of Juvenile Justice Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Commonwealth of Pennsylvania			
<b>Physical address:</b> 607 South Street, Harrisburg, PA 17120			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 717-787-9532			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Charles Neff		<b>Title:</b> Bureau Director	
<b>Email address:</b> chneff@pa.gov		<b>Telephone number:</b> (717) 705-2451	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Michael Both		<b>Title:</b> State-wide PREA Coordinator	
<b>Email address:</b> mboth@pa.gov		<b>Telephone number:</b> (717) 230-3384	

## **AUDIT FINDINGS**

### **NARRATIVE**

The Loysville Youth Development Center (LYDC) is a secure 108 bed facility for male adolescents operated by the Pennsylvania Bureau of Juvenile Justice Services (BJJS). The on-site portion of the PREA Audit began July 19, 2017 and covered the audit period of July 19, 2016 to July 19, 2017. On the morning of July 19, 2017 this auditor and an assistant entered the facility for purposes of conducting an on sight tour of the facility and interviewing youth, staff, volunteers and contractors. The facility provided a list of all staff by shift and employee job categories and a list of all youth by housing unit. Prior to arrival this auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with the Juvenile Facility PREA Standards. The pre-audit review of documents contained in the Pre-Audit Questionnaire submitted by the BJJS PREA Coordinator prompted no questions. The pre-audit questionnaires submitted by the BJJS PREA Coordinator are the best the auditor has ever seen. This auditor and/or assistant interviewed 20 of the current 90 youth, representing over 20 % of the population. The youth interviewed were a representative sample from each of the housing units which comprise LYDC. Length of stay for those interviewed ranged from one and a half to twenty one months. Ages ranged from 15 to 20 years. There were no youth who identified as transgender, intersex or gender non-conforming in appearance and no youth who needed translation services. There were no youth currently in the program who made an allegation of sexual abuse or sexual harassment at the program. No youth had specifically requested to speak with this auditor nor had this auditor received any written correspondence from youth or staff.

During the tour, additional questions were answered by executive and upper-level management staff. Staff and youth interviews followed and were conducted privately in a room with a large observation window. There are no SANE or SAFE staff employed at the facility. These services are available by contract with the Carlisle Regional Medical Center. This auditor has previously reviewed the Memorandum of Understanding with the Pennsylvania Coalition Against Rape to provide SANE and SAFE services, and crisis counseling. This auditor interviewed members of the incident review team and the staff member charged with monitoring retaliation. Administrative investigations are conducted by the Perry County Office of Children and Youth. Criminal investigations are conducted exclusively by the Pennsylvania State Police.

Emails were sent to Just Detention International and the Pennsylvania Coalition Against Rape (PCAR) in an effort to determine if the organizations had any relevant information regarding the facility. Just Detention International advised that they had received no complaints regarding PREA compliance at the facility. As of this writing there has been no response from PCAR.

This facility was initially audited for PREA compliance in 2015. This is the second PREA compliance audit.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Loysville Youth Development Center (LYDC) is a 108 bed secure facility located in Perry County. It is the mission of LYDC to provide a safe, secure and therapeutic environment which challenges students to change their behavior and values. In addition, LYDC strives to promote the development of educational, vocational, and social competencies while protecting the community and providing the residents the opportunity to pay their societal debt.

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

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

- Allegheny Cottage serves young (12-15 years old), immature and antisocial delinquent resident. Age-appropriate activities are incorporated into the program to address their earlier stage of development. This program specializes in the delivery of the Aggression Replacement Training (ART) curriculum, an intensive life skill curriculum. Youth involved in ART learn skills that give them the ability to solve problems, make decisions and interact positively in social situations. Youth from this program also receive core programming to introduce them to vocational skills and the impact of crime. There are typically 10-15 residents housed in this cottage at any given time. They attend school on grounds, within the perimeter fence. Off-grounds Community Service projects are available with Probation/Court approval. Family engagement is encouraged and visits are welcomed on a bi-weekly basis as approved by the treatment team and Probation Department.
- East Penn Cottage is a highly structured therapeutic environment specifically designed to address verbal and physical aggression along with deeply engrained pro-criminal attitudes. The program promotes leadership, team work, responsibility, positive social skills, and the development of appropriate coping and decision making skills as necessary components for success. Independent living skills and educational enhancement are also priorities which are reinforced by the treatment team and a part of daily programming.
- Williams Cottage serves delinquent residents with intellectual and developmental disabilities. All of the materials utilized and group sessions conducted are tailored to the resident's level of comprehension. Due to the level of functioning, a primary focus in this cottage is remediation of basic academic skills such as reading and comprehension. In addition, a basic living skills curriculum, based on the Casey Life Skills program, is presented throughout the resident's entire placement to prepare for challenges in the community.
- Juniata Cottage serves residents with deeply ingrained delinquent values, with special emphasis on educational remediation. Due to the extensive degree of academic programming, Juniata is especially suited for residents with a realistic opportunity of obtaining their GED. Juniata Cottage also provides a Short-Term Track in addition to its regular programming to address the needs of a juvenile who only requires short-term, targeted programming. The cottage also addresses substance abuse and daily living skills in an effort to promote independent, functional living.
- Z-B Cottage serves residents with shorter and less severe delinquent histories and significant substance abuse issues and related charges. The program fosters a therapeutic community environment that helps facilitate change through milieu therapy in addition to individual and group therapies. The core of the program is built on Hazelden's New Directions curriculum, which is a cognitive-behavioral treatment program designed to simultaneously treat poly-substance abuse issues and delinquent behavior.
- Specialized Treatment and Rehabilitation (STAR) Cottage addresses the mental health needs of male adolescents who were adjudicated delinquent and have been diagnosed with significant mental health disorders. More intensive involvement by the psychiatrist and the Master's-level clinician are provided to meet the resident's needs. Residents continually work on treatment assignments (accountability for offending behaviors, family dynamics, mental health

history, conflict resolution, thinking distortions, emotions and empathy development, and reintegration issues) that are processed in their individual and group counseling sessions as well as with the Master's-level clinician. Cognitive-behavioral approaches are emphasized as well as the need to conduct intensive family counseling.

- Secure Unit serves a diverse population of residents in need of treatment in a more secure setting. This program provides treatment for residents who are typically more aggressive and hold onto a deeply rooted antisocial value system. The program provides a highly structured environment ensuring accountability for personal choices and providing guidance and instruction for improved decision-making. Individualized treatment plans place emphasis on competency development and staff utilize cognitive restructuring techniques to address distorted thinking patterns. Developing empathy for others and becoming a part of a positive community are emphasized throughout the program. The program also places high value in life skills development, understanding that our clients need to be prepared to function independently and become productive members of society.

The Loysville Youth Development Center maintains 24 hour supervisory coverage as well as an On-Call Administrator.

## SUMMARY OF AUDIT FINDINGS

Auditor arrived at the facility the morning of July 19, 2017. An entrance meeting was held with the Facility Director, four Youth Development Counselor Managers, the LYDC PREA Compliance Manager and the BJS PREA Coordinator.

A complete tour of the facility took approximately two hours. All areas were extremely well maintained. Exteriors of the buildings are in incredible shape (the majority of the buildings on grounds were built in the middle 1800's). The facility has a video surveillance system which provides coverage for over 95% of the facility. The facility has 486 indoor cameras and 76 outdoor cameras. The system provides coverage of all housing units, hallways, stairwells, recreation areas and education areas. There are no cameras in the youths' rooms. There is a camera view of all doors in areas where youth are permitted. The system has a retention time of 60 days (which is outstanding). Observed staffing (5:1), while this auditor was on site exceeds the standards requirement of 8:1. All housing units have multi-stall showers and toilets which are appropriately partitioned for privacy and properly supervised when more than one youth is in the room. Youth are permitted to shower and use the bathroom alone if requested. This was confirmed by all staff and youth interviewed. All housing units, except the secure unit, have multiple occupancy rooms. The secure unit has single rooms. In addition to required ten minute bed checks, the facility has added motion detectors to the multiple occupancy rooms that alert staff via beepers if a youth gets out of bed. The motion detectors were installed as the result of an Incident Review Team recommendation.

Showers and bathrooms are for multiple users. Renovations are under way to these areas to improve supervision and youth privacy. The areas are appropriately partitioned and supervised for safety and privacy. This was confirmed by all staff and youth interviewed, and observation of practice. Sight lines were good in all housing areas (there are no blind unmitigated sight lines on the housing units).

Youth were observed during recreation, on housing units, during movement, and at meals. Observations of staff supervision practices were consistent with the agencies policies. Staff interactions with youth were observed to be professional and boundary appropriate.

The PREA education program for youth and screening for risk are conducted by the State Court Liaison on the date of admission, and documented.

Administrative investigations regarding allegations of abuse are conducted by the Pennsylvania Office of Children Youth and Families (OCYF). Criminal investigations of sexual abuse, assault and harassment are conducted by the Pennsylvania State Police. Forensic examinations and evidence collection are performed at Carlisle Regional Medical Center. A state-wide MOU is in place to provide victims services.

There were two allegations of sexual abuse and/or harassment during this audit period. Both were reported to ChildLine and both were investigated. Copies of the investigation reports were provided to this auditor.

This auditor interviewed the following staff titles (number in parentheses indicates more than one staff in that title was interviewed):

- Facility Director
- Psychological Services Associate
- BJS PREA Coordinator
- Registered Nurse (3)
- Youth Development Aide (4)
- Youth Development Aide Supervisor (2)
- Youth Development Counselor
- Youth Development Counselor Supervisor
- Youth Development Counselor Manager (4)
- Court Liaison Program Specialist

- Nurse Supervisor
- Dentist
- Facility PREA Compliance Manager

Experience levels ranged from one and a half to over 18 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping youth safe. The agency's commitment to PREA was also very evident during interviews. Staff members were not only aware of their agency's policies and procedures, but were able to discuss PREA and how it related to the overall mission of the program and the agency's mission as a whole.

All staff members were well versed in their obligations as mandated reporters and first responders. All felt well supported by facility management, and particularly the Residential Directors, and had no fear regarding retaliation for reporting abuse. All staff have received PREA specific training as first responders and all knew exactly what to do if they were a first responder. All felt empowered to proactively address issues related to sexual violence and were able to describe actions they would take to prevent and/or deter possible acts of sexual violence.

Education staff receive all necessary training to function as direct-care staff.

A total of 20 youth at the program were interviewed. Ages ranged from 15 to 20 years. There were no youth currently at the facility that had made an allegation of abuse. There were no youth at the program who identified as LGBTI. All youth acknowledged being asked about sexual orientation upon admission. All youth interviewed had extensive knowledge of the right to be free from sexual abuse, assault or harassment. All youth were aware of the blue phone system for reporting abuse, although none have ever had the need to use it. All youth acknowledged being screened upon admission (screening actually occurs on date of admission, which far exceeds the standard) and receiving information upon admission on their right to be free from abuse in any form. All youth knew multiple ways to report abuse and felt very confident that any complaint they made would be properly addressed. None of the youth reported ever having fear for their safety while at the LYDC. All said they felt safe at the facility.

The quality and organization of the documentation provided to this auditor was outstanding. The pre-audit questionnaire completed by the BJS State-Wide PREA Coordinator is the best I have ever received. The referenced documents in the questionnaire are hyperlinked and open when clicked.

The organized manner in which the interviews were facilitated by the LYDC staff made the process go very smoothly and allowed for lengthy interviews with no wasted time in between.

The Loysville Youth Development Center is an excellent juvenile justice facility. The scope of this audit (PREA compliance) does not afford the opportunity to go into all of the positive aspects of the program.

BJS has clearly invested a great deal of time, effort and resources into its PREA compliance program. It has been two years since this program's last PREA compliance audit and there has been no drop in the level of knowledge demonstrated during staff and youth interviews.

Number of standards exceeded: Three (3) standards or 7 % of the standards.

Number of standards met: Thirty-Eight (38) standards or 93 % of the standards.

Number of standards not met: Zero

Number of standards not applicable: Zero

**Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, page 2, clearly articulates the agency’s zero tolerance policy. Agency and facility organization charts clearly depict the roles of State-wide PREA Coordinator and Facility PREA Compliance Manager. Interviews with the PREA Coordinator and Compliance Manager proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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This auditor was provided with previous copies of contracts the Commonwealth of Pennsylvania has for the confinement of juvenile justice youth. The contracts clearly require full compliance with the PREA standards as a condition of the contract. The Loysville Youth Development Center does not enter into such contracts.

**Standard 115.313 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, page 6, was reviewed by this auditor. Policy requires Loysville Youth Development Center to have a staffing plan in compliance with the PREA standards and that the plan is reviewed annually. The facility has a video surveillance and staffing plan which was provided to this auditor (the plan meets all the requirements of the standard). Documentation of annual review of the plan was also provided. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, page 7, requires unannounced rounds. This auditor was provided documentation of these rounds and interviews with supervisory staff confirmed that they occur. There is a video surveillance system which provides video coverage of all housing units, program areas and hallways. The system has a video retention period of 60 days. Unannounced rounds are supplemented with random video reviews by supervisors. Observed staffing ratios of 5:1 during the on-site audit exceeded the standards during program hours. Over-night staffing in compliance with the standards was documented on staffing schedules, housing unit logs as well as interviews with staff and youth. There were no instances of deviations from the staffing plan due to training, vacations, Family Medical Leave and other types of leave. Overtime is paid to maintain staffing ratios.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Per Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 and 7.10A state that youth may only be searched by staff of the same gender. All searches must be conducted with a witness. All random staff interviewed confirmed that cross-gender searches do not occur. All youth interviewed denied ever having been searched by an opposite gender staff. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 7.10A prohibits searching youth for the purpose of determining if the youth is transgender or intersex. All of the youth interviewed denied ever being searched for this purpose. There are no cameras in bathrooms, showers, youth rooms or anywhere youth are permitted to change clothes. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 provides for all youth to shower privately. All youth interviewed acknowledged that they have privacy when showering, toileting and changing clothes. All showers are for multiple users and are appropriately partitioned and supervised.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, page 8 requires compliance with this standard. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.12 states on page 4 that only qualified interpreters may be used. Other incarcerated youth do not meet the policy’s definition of “qualified interpreter”. This auditor received copies of intake materials in Spanish. The facility has a contract for translation services. Special education teachers are available for youth with learning disabilities. A language interpretation service is available for other languages should the need arise. There were no youth currently at the facility



that required the services of an interpreter. There were no youth currently at the facility that had disabilities that would require them to receive special services to understand their rights under PREA. All of the above was confirmed via interviews with staff and youth.

### **Standard 115.317 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, page 8-10 requires background checks and re-checks in accordance with the standards. These checks include clearance through the Commonwealth's child abuse registry. Material omissions of sexual abuse or harassment incidents or the provision of materially false information are grounds for termination. Documentation of background checks and clearances were provided to this auditor. Interviews with the Facility Director and the BJJS State-Wide PREA Coordinator confirmed the practice.

### **Standard 115.318 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Since the last PREA compliance audit in 2015 the facility added a camera to provide video coverage inside the laundry room. The camera was added based on a recommendation from the incident review team. The facility is also in the process of renovating the bathrooms of the housing units to improve supervision and safety. The project is about halfway completed. The facility's most recent annual vulnerability assessment (Video Surveillance and Staffing Plan) was provided to this auditor. The facility's Video Surveillance and Staffing Plan clearly address the use of technology to improve the safety of youth.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14 and the Memorandum of Understanding with the Pennsylvania Coalition Against Rape were reviewed by this auditor. The policy addresses all aspects of this standard. The MOU provides crisis counseling and victim advocacy services. There were no instances of sexual abuse or assault during this audit period, and therefore there was no documentation to review. Physical evidence collection of criminal acts and forensic examinations are not conducted by facility staff. All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed via interviews with staff. Criminal investigations are conducted by the Pennsylvania State Police. Forensic examinations would be conducted at the Carlisle Regional Medical Center. There were no instances of sexual abuse or assault that would have necessitated a forensic examination during this audit period. Documentation of BJJ’s efforts to have the outside entities that conduct PREA investigations to comply with the standards was provided to this auditor.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedure 1.14, 1.06, 1,09B and 1.17 were reviewed by this auditor. These policies are available on the agency’s web site. These policies meet all the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when BJJ may conduct an administrative investigation once a referral to law enforcement has been made. All BJJ staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Pennsylvania law. The facility reported two allegations of sexual abuse and/or harassment during this audit period. All were reported to ChildLine for investigation. The one allegation of sexual harassment did not rise to the level of repeated as required in the standards. Loysville Youth Development Center, and BJJ as a whole, is intentionally reporting and investigating single occurrences of sexual harassment (standard states “repeated” in the 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. The second was youth on youth consensual activity. This allegation was referred to law enforcement for investigation and deemed unfounded.

### **Standard 115.331 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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**corrective actions taken by the facility.**

BJJS Policy and Procedure 1.14, pages 11-25 meet all aspects of this standard and are incorporated into the BJJS power-point trainings received by all staff (PREA training curricula and Professionalism and Ethics curricula were reviewed by this auditor as well). All staff interviewed acknowledged that they had received the initial training and refresher training. Documentation was provided to this auditor confirming staff completes a post training supervisory conference and signs a form to confirm understanding of the material presented. All staff interviewed were aware of their obligations related to the agency's PREA policy, their obligations as mandated reporters of abuse, their duties as a first responder and agency protocols related to evidence collection.

The training curriculum utilized by the facility meets all aspects of this standard as follows:

<input checked="" type="checkbox"/> (1) Agency's zero tolerance policy for sexual abuse and sexual harassment.	Slide 4
<input checked="" type="checkbox"/> (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.	Slide 6, 15 and 16
<input checked="" type="checkbox"/> (3) Residents' right to be free from sexual abuse and sexual harassment.	Slide 18 - 23
<input checked="" type="checkbox"/> (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.	Slide 24
<input checked="" type="checkbox"/> (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities.	Slide 7
<input checked="" type="checkbox"/> (6) The common reactions of sexual abuse and sexual harassment juvenile victims.	Slide 7
<input checked="" type="checkbox"/> (7) How to detect and respond to signs of threatened and actual sexual abuse.	Slide 7
<input checked="" type="checkbox"/> (8) How to avoid inappropriate relationships with residents.	Slide 7
<input checked="" type="checkbox"/> (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.	Slide 8
<input checked="" type="checkbox"/> (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.	Slide 12
<input checked="" type="checkbox"/> (11) Relevant laws regarding the applicable age of consent.	Slide 19

**Standard 115.332 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Per BJJS Policy and Procedure 1.14, page 12, all volunteers and contractors must receive PREA training. The PREA training is a detailed review of the BJJS pamphlet, "Zero Tolerance of Sexual Abuse and/or Harassment for Contracted Employees and Volunteers". Contractors must sign an acknowledgement that they have received and understood the training. Documentation of signed acknowledgement forms was provided to this auditor.

**Standard 115.333 Resident education**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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BJJS’s resident education program is provided to youth by the assigned Court Liaison Program Specialist on the date of admission as part of the intake process (BJJS Policy and Procedure 1.26, page 7). Youth receive written materials about PREA and their rights to be free from abuse upon admission. This document is available in English and Spanish. Each youth signs an acknowledgement that they understood the material presented. All youth interviewed were aware of the right to be free from abuse and multiple means of reporting allegations of abuse. All youth entering any BJJS facility, either as a new admission or a transfer, go through the same intake process. Posters, in both English and Spanish were clearly visible on all living units and throughout the facility.

### **Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The Bureau of Juvenile Justice Services does not conduct investigations of sexual abuse. Such investigations are conducted by the Pennsylvania State Police and the Perry County Office of Children and Youth. Documentation was provided to this auditor of BJJS’ request to the Pennsylvania State Police and Perry County 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 NIC PREA Investigators training.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, page 13 mandates specialized training for medical and mental health staff as per the PREA standards. Documentation of this training, including training for contract providers was provided to this auditor. One medical staff member was

interviewed. Loysville Youth Development Center medical staff does not conduct forensic examinations or collect evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility (Carlisle Regional Medical Center).

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, pages 14-25 and BJJS Policy and Procedure 1.26, page 7-12 address the standards related to screening youth for risk of victimization and abusiveness. BJJS uses a standardized, objective instrument to perform this screening (Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior). The screening instrument addresses all required elements of the standard. Screening occurs on date of admission. This was confirmed via interview with the State Court Unit Liaison assigned to the facility. Periodic reassessment occurs as a part of the Multi-Discipline Team treatment process and after any PREA related incident. All of the youth interviewed acknowledged being screened and stated that screening occurred shortly after admission.

### **Standard 115.342 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, pages 14-15 addresses how the information obtained during screening is utilized to inform programming and housing decisions. Policy 1.14 also meets the requirements of this standard as it relates to the use of isolation. Isolation, as it relates to this standard, was not used during this audit period. Interviews with all staff and youth confirmed compliance with this standard. BJJS Policy and Procedure 1.14, page 15 prohibits youth from being assigned to a housing unit based on gender identity and prohibits gender identity from being used as a risk factor for abusiveness. A review of the facility's population roster by housing confirmed compliance with the standard.

### **Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJS Policy and Procedure 1.14, page 15-16, appropriately addresses this standard. All youth interviewed knew multiple means (tell staff, Blue Phone, tell parent, call lawyer, file grievance) to report abuse of any kind. All knew where to find the Blue Phone to anonymously report abuse outside the agency. None of the youth interviewed had made an allegation of sexual abuse or sexual harassment during this audit period. Documentation of the facility’s response to prior allegations (including youth using the blue phone) demonstrated compliance with this standard. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units (in English and Spanish) with the information. All staff are mandated reporters of abuse per BJS Policy and Procedure 1.06A and the laws of the Commonwealth of Pennsylvania. All staff interviewed were aware of their obligations as mandated reporters. Both allegations that were reported by the facility during this audit period were initially reported to staff.

**Standard 115.352 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJS Policy and Procedure 3.03A, complies in full with this standard. Although the policy complies with the standard, a grievance filed that alleges that sexual abuse occurred or alleges an imminent threat would immediately trigger the agency’s PREA response procedures. All youth interviewed were aware of the grievance procedures. All staff interviewed were able to describe steps they would take to protect a youth from threatened abuse.

**Standard 115.353 Resident access to outside confidential support services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

A state-wide Memorandum of Understanding with the Pennsylvania Coalition Against Rape exists for the provision of these services. BJS Policy and Procedure 1.06A addresses access to these services. Interviews with medical and clinical staff confirmed that youth would be advised about confidentiality prior to accessing the services. Information is provided to youth via the Youth Handbook and posters that are on display in all living units and common areas throughout the Facility. The Blue Phone located in medical is a direct line to these services and does not require the youth to remember any telephone number. All youth interviewed knew how to use the Blue Phone, acknowledged ready access to contact with their families (free telephone calls) and the ability to contact their lawyer if they so

desired.

### **Standard 115.354 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There were no reported instances of third-party reporting during this audit period. BJJS's public website lists the ChildLine number to call if sexual abuse or harassment is suspected. All youth interviewed acknowledged that they knew they could report abuse via a third party. All staff interviewed acknowledged that they would accept a third party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. The Hotline number is also posted at the entrance where visitors enter the facility and in the visiting areas. Documentation of response to prior third party reports was provided to this auditor.

### **Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14 address the requirements of this standard. 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, 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 and contractors interviewed were aware of the obligations as mandated reporters. Documentation of the facility's response to reported allegations fully supports compliance with this standard.

### **Standard 115.362 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

BJJS Policy and Procedure 1.14, pages 17 and Policy 1.06A addresses the requirements of this standard. There were no instances of a youth being determined to be in substantial risk of imminent sexual abuse during this audit period. Documentation of prior safety plans being put into place shortly after the imminent risk was discovered was provided to this auditor. 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.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, page 18 BJJS Policy and Procedure 1.06A, page 6 requires compliance with this standard. Loysville Youth Development Center reports it received no reports of youth being sexually abused at another confinement facility during this audit period. The facility provided documentation of reporting to mental health facility that a youth stated he had consensual sex with another patient. The facility also reports that it received no reports from other confinement facilities. Therefore there was no documentation of compliance to review.

### **Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

All staff receive training regarding first responder duties. Documentation of training was provided to this auditor. Staff carry a card with their first responder duties printed on them. BJJS Policy and Procedure 1,06A complies with this standard. Loysville Youth Development Center has an institutional plan that meets the requirements of this standard. There were no instances of sexual assault during this audit period, therefore there is no documentation of staff performing these duties. All staff interviewed were able to articulate their first responder duties.

### **Standard 115.365 Coordinated response**



- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, page 18 requires each facility to have an institutional plan for a coordinated response. A copy of Loysville Youth Development Center’s institutional plan was provided to this auditor. The plans provide clear and concise direction for response to any alleged PREA violation. There were two allegations of sexual abuse and/or harassment during this audit period and documentation of the plan being used was provided for review by this auditor. These allegations did not rise to the level of sexual abuse. The facility still utilized the response plan. All staff interviewed were aware of their program’s institutional plan and where to locate the document.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There have been no new collective bargaining agreements entered into by Loysville Youth Development Center or BJJS on behalf of Loysville Youth Development Center that would violate this standard. BJJS Policy and Procedure 1.14, page 19 specifically authorizes BJJS to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were no reported allegations of staff on youth misconduct during this audit period and therefore no documentation to review.

**Standard 115.367 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.27, Appendix A and B describes how protection against retaliation is monitored and documented. The Facility Director has been named by policy as the person responsible for monitoring for retaliation against staff or youth. The facility reports there have been no instances of retaliation during this auditing period.

### **Standard 115.368 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Loysville Youth Development Center reports that it did not use post-allegation protective custody during this audit period. This is consistent with the agency's policy to limit the use of isolation to instances of imminent threat of harm.

### **Standard 115.371 Criminal and administrative agency investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS and Loysville Youth Development Center do not conduct investigations of allegations that rise to the level of criminal behavior. These are conducted by the Pennsylvania State Police. BJJS Policy and Procedure 1.06A and 1.09B comply with this standard relative to administrative investigations. BJJS investigators completed PREA investigations training through the NIC and follow the protocols there in when conducting investigations related to allegations of sexual harassment. A review of prior sexual harassment investigation reports confirmed the investigators' understanding of this policy and their training. BJJS has made documented efforts to advise the Pennsylvania State Police of the requirements of this standard.

### **Standard 115.372 Evidentiary standard for administrative investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Per BJJS Policy and Procedure 1.14, page 20, a preponderance of evidence is the standard. A review of sample administrative investigation reports for alleged sexual harassment confirmed the evidentiary standard is being followed.

### Standard 115.373 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There were two reported instances of sexual abuse and or harassment alleged to have occurred during this audit period. BJS Policy and Procedure 1.14, page 20 and Policy 1.06A meet the requirements of this standard. The agency notifies youth of the outcome of sexual harassment investigations even though the standards specifically limits notification to cases of sexual abuse. Documentation of these notifications was provided to this auditor.

### Standard 115.376 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJS Policy and Procedure 1.14, page 20 addresses the requirements of this standard. There were no reported substantiated instances of sexual abuse, assault or harassment by Loysville Youth Development Center staff occurring during this audit period.

### Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJS Policy and Procedure 1.14, page 21 addresses the requirements of this standard. There were no instances of sexual abuse, assault or harassment by Loysville Youth Development Center contractors or volunteers occurring during this audit period, and therefore there was no documentation to review for compliance.

### Standard 115.378 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Loysville Youth Development Center has a youth handbook that outlines the behavioral treatment program response for such violations. Based upon the therapeutic nature of these programs the general tenor of responses are therapeutic in nature. In other words, behavioral change is the goal versus punitive actions. Based upon the fact that Loysville Youth Development Center's primary goal related to disciplinary sanctions in response to rule violations is treatment oriented this auditor finds this standard to be in compliance.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 4.05 pages 4-5 addresses the requirements of this standard. Youth admitted to Loysville Youth Development Center are seen by medical staff within 24 hours of arrival. Staff performing the youth's intake utilize a standardized screening tool to determine if a youth has any immediate and/or emergency medical or mental health needs. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility. Interview with medical staff confirmed that screening includes history of sexual abuse. Per medical staff interview, youth have access to all the same medical services available to youth in the community. When a disclosure of prior abuse occurs, and services are offered by Medical and Mental Health staff, this is documented in Juvenile Justice Automated Case System. Access to this information is restricted (need-to-know).

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

BJS Policy and Procedure 1.14 and 4.05 require that the youth's medical and mental health needs are met. The state-wide MOU for victim services clearly states that services will be provided to the youth free of charge. There were no incidents of sexual assault occurring at Loysville Youth Development Center during this audit period that involved physical contact, and therefore there was no documentation to be reviewed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There were no incidents of sexual assault, as defined in the PREA standards, occurring at Loysville Youth Development Center during this audit period. There were two reported allegations of sexual abuse and or harassment. Neither of these allegations involved conduct that would necessitate a forensic examination. These incidents were investigated by the Pennsylvania State Police and deemed unfounded. In the event that a sexual assault incident was to occur the victim would receive services from a community provider as outlined in the state-wide MOU. As previously noted, services from these providers are at no cost to the victim. All ongoing medical care beyond the scope of facility medical staff would be provided by community providers. The youth would have the option of facility clinical staff or community providers for ongoing mental health services.

#### **Standard 115.386 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

There were no founded or unsubstantiated incidents of sexual abuse or sexual assault occurring at Loysville Youth Development Center during this audit period and therefore there were no sexual abuse incident reviews conducted. BJS Policy and Procedure 1.14, page 22 complies with this standard. Documentation of prior reviews (including completion within the 30 day time frame) was provided to this auditor.

#### **Standard 115.387 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

BJJS Policy and Procedure 1.14, page 23 complies with this standard. BJJS also maintains detailed electronic records for all incidents reported. These records allow BJJS to access data sufficient to complete the annual survey of sexual violence. The agency's public website was reviewed by this auditor. Aggregate data for all contract and BJJS operated facilities is posted.

#### **Standard 115.388 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The agency's public website was reviewed by this auditor. The most recent, available annual PREA report was posted. The annual report addresses all elements of this standard. BJJS Policy and Procedure 1.14 addresses the retention requirements of this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

The BJJS Policy and Procedure 1.14 addresses the data storage requirements of this standard. A review of the data available on the BJJS website supports full compliance for this standard. There is no individual identifying information contained in the aggregate data or the reports related to the data posted.

**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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Kurt Pfisterer /s/   
Auditor Signature

August 3, 2017  
Date