

PREA AUDIT: AUDITOR'S SUMMARY REPORT JUVENILE FACILITIES

INTERIM FINAL



AUDITOR INFORMATION			
Certified Auditor:	Kurt Pfisterer		
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Dates of on-site audit:	July 19-20, 2016		
FACILITY INFORMATION			
Name of Facility:	North Central Secure Treatment Unit		
Physical Address:	13 Kirkbride Drive Danville, PA 17821		
Facility Mailing Address:	Same		
Telephone number:	(570) 271-4751		
This Facility is:	<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		
Facility Type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other:
Name of Facility's Chief Executive Officer: Kevin Seabrook and Keith Stuck			
Number of staff assigned to the Facility in the past 12 months: 237			
Designed Facility Capacity: 108			
Current Population of Facility: 87			
Age Range of the Population: 13 - 20			
Name of PREA Compliance Manager: Donna Heath		Title: YDC Manager	
Email Address: dheath@pa.gov		Telephone: (570) 271-4712	
AGENCY INFORMATION			
Name of Agency:	Pennsylvania Bureau of Juvenile Justice Services		
Governing Authority or Parent Agency:	Pennsylvania Bureau of Juvenile Justice Services		
Address:	607 South Street, Harrisburg, PA 17120		
Telephone Number:	(717) 787-9532		
AGENCY CHIEF EXECUTIVE OFFICER			
Name:	Charles Neff	Title: Bureau Director	
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AGENCY WIDE PREA COORDINATOR			
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Email Address: mboth@pa.gov		Telephone: (717) 230-3384	

NARRATIVE: The North Central Secure Treatment Unit (NCSTU) is a secure 108 bed facility for male and female adolescents operated by the Pennsylvania Bureau of Juvenile Justice Services (BJJS). The on-site portion of the PREA Audit took place July 19-20, 2015 and covered the audit period of July 19, 2015 to July 19, 2016. On the morning of July 19, 2015 this auditor 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 interviewed 23 of the current 87 youth, representing over 26 % of the population. The youth interviewed were a representative sample from each of the three buildings which comprise NCSTU. Length of stay for those interviewed ranged from two to twelve 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 Geisinger 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 Montour 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.

While the program does utilize volunteers, all current volunteers are employees and contract staff. One of the contract food service staff was interviewed during the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS: North Central Secure Treatment Unit (NCSTU) is a secure facility located in Montour County. The facility consists of three separate buildings, each with a secure perimeter. Two of the buildings house programs for females and the third is for males. It is the overall mission of NCSTU to provide a safe, secure and therapeutic environment which challenges students to change their behavior and values. In addition, NCSTU strives to promote the development of educational, vocational, and social competencies while protecting the community and providing the residents the opportunity to pay their societal debt.

NCSTU emphasizes a team approach to working with residents throughout 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.

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

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

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

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

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

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

The residential program utilizes Forward Thinking, which is an interactive journaling series designed by the Change Companies. Interactive journaling is included in SAMSHA's National Registry of Evidence-based Programs and Practices (NREPP). The residential program utilizes a Cognitive Behavioral Therapy approach to help the residents entrusted to our care identify, and then work through their issues. Forward Thinking is a 9 workbook series that covers the criminogenic needs identified through the Youth Level of Service Inventory (YLS). The interactive journaling offers a simple but dynamic delivery system for the treatment team of this residential program, including the participants of this treatment program. Residents will complete the 9 workbooks on an individual basis for a duration of between 36 and 52 weeks with one hour of individual counseling sessions per week. Residents will also participate in one group session per week for the duration of between 36 and 52 weeks. Residents will work during their duration in this residential treatment program to understand their core issues and their areas of need, then designing a course of action to address their core issues that have been self-identified as well as identified through their YLS. Residents will work on exploring risks, needs and skill deficits, as well as strengths, resources and solutions to problem behaviors. In the course of gathering immediate and relevant information related to problems areas, participants can map out where they have been, where they are and where they wish to go. The 9 workbooks are:

- A. What Got Me Here?
 - B. Individual Change Plan
 - C. Responsible Behavior
 - D. Relationships and Communication
 - E. Handling Difficult Feelings
 - F. Victim Awareness
 - G. Family Substance
 - H. Using Behaviors
 - I. Reentry Planning
- North Central Secure Treatment Unit (NCSTU) Girls Program.
- There are two dorms/units within the Girls Program, Guide and Honor Dorm. Both units within the Girls Program utilize a 5 tiered Therapeutic/Behavior Modification System, called the Girls Empowerment Model (GEM). A detailed explanation of the GEM System will be covered later in this handbook.
- The Girls Program treatment team will recommend release for youth once they complete the following:
1. Actively participate in all groups and individual counseling sessions.
 2. Demonstrate consistent, positive behavior and respect for self and others at all times.
 3. Accept responsibility for the harm they caused their victims and community and understand how to begin repaying that debt.
 4. Complete the goals outlined in their Treatment Plan.
 5. Express a genuine desire and willingness to return to their community and be a productive, law abiding member of society.

6. Make every attempt to earn enough money to pay their restitution, court costs and fines. If they owe large amounts, their counselor will establish a goal for them to strive to pay before release.
7. Complete all necessary groups, such as Project Towards No Drug Abuse (PTND), Post-Traumatic Stress Disorder (PTSD), Gun Violence, Psycho-Education, Thinking for a Change (T4C), and Balanced and Restorative Justice (BARJ).
8. Reach Diamond Level, which is the highest level within the 5 tiered GEM System.

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

Each resident in the Girls Program is required to participate in all necessary groups. The counselor will also coordinate which groups youth are assigned. Youth will be assigned to different groups throughout their placement and they will be expected to attend and actively participate in these groups. Youth will be given written assignments from groups and will be expected to complete them thoroughly and in a timely manner.

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

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

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

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

Initial assessment upon admission includes an extensive Strength and Needs Assessment, Casey Life Skills Assessment, a Substance Abuse Evaluation, Psychiatric Evaluation, Educational Evaluation, Family Interviews, Resident Interviews and a Psychosocial Evaluation. A youth in the Power program will receive educational programming, psychological services, Family Therapy, Individual Counseling, Substance Abuse Counseling, Life Skills Training, Release and Transition

Services, and ongoing psychiatric care. In addition, the youth are introduced to healthy leisure activities which encourage positive socialization with their peers as well as coping skills.

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

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

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

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

- The Mental Health/Mental Retardation Program (Focus Unit) houses residents in need of treatment that targets mental health disorders (i.e. Mood Disorders, ADHD, Posttraumatic Stress Disorder, Bipolar Disorder, Borderline Personality Disorder, etc.) and residents in need of specialized treatment for mild to moderate mental retardation (I.Q. range of about 40 to 69). This program provides a highly structured, predictable, routine-consistent therapeutic environment. This unit has a 12 bed capacity.

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

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

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

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

- The RISE program is a 14 bed program that is designed to cover the criminogenic needs of the residents' entrusted to our care. In conjunction with the Balanced and Restorative Justice (BARJ) principles and the needs identified through the Youth Level of Service (YLS) assessment tool, the program will work on guiding a resident through the change process. The support is offered through increasing a resident's knowledge base with quality staff members who understand that our greatest responsibility is providing quality service to the resident. The members of this community will serve as appropriate role models while establishing a normative community in adherence to the BARJ principles. The following are goals of the program:
 1. To provide a safe, secure and therapeutic structured environment.
 2. To assist in improving in the overall education and social responsibility of youth that will promote community growth and safety.
 3. To reduce recidivism of offenders by providing individualized treatment that is reflective of their identified needs.
 4. To provide consequences for negative behavior while recognizing growth by positive reinforcement.
 5. To communicate with Family/Guardians, the Juvenile Justice System and probation through the treatment process and following up with After Care Services in the community.

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

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

Youth will are required to participate in individual counseling sessions and discuss both current and past problems. The counselor may assign work that youth must complete between

sessions. Youth are expected to put time and effort into completing these assignments. These assignments are a mandatory part of the youth's treatment program.

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

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

SUMMARY OF AUDIT FINDINGS: Auditor arrived at the facility the morning of July 19, 2016. An entrance meeting was held with the Facility Director (and acting PREA Compliance Manager), three Youth Development Counselor Managers, Clinical Director and the BJS PREA Coordinator.

A complete tour of the facility took approximately two hours. All areas were extremely well maintained. The facility has a video surveillance system which provides coverage for 95% of the facility (new cameras were added earlier this year to address concerns raised during the most recent Facility Vulnerability Assessment and Staffing Plan). 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 in excess 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. The male housing units have single and multiple occupancy rooms. The two female housing units have single rooms.

Youth were observed during recreation, in school, work details, during movement, and at meals. Observations of staff supervision practices were consistent with the agencies policies. Interactions between staff and youth were professional, respectful 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. This was verified via interview with the State Court Liaison. All youth interviewed acknowledged being screened on the date of admission as well as being seen by medical staff within 24 hours of admission.

Administrative investigations regarding allegations of sexual abuse and sexual harassment are conducted by are conducted by the Montour County Office of Children and Youth. Criminal investigations of sexual abuse and assault are conducted by the Pennsylvania State Police. Forensic examinations and evidence collection are performed in the Geisinger Medical Center. A state-wide MOU is in place with the Pennsylvania Coalition Against Rape to provide victims' services.

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

- Facility Director
- Clinical Director
- Youth Development Counselor Manager (3)
- State Court Unit Liaison
- BJS PREA Coordinator
- Registered Nurse
- Youth Development Aide (3)
- Youth Development Aide Supervisor (4)
- Youth Development Counselor (3)
- Youth Development Counselor Supervisor
- Food Service Associate
- Facility PREA Compliance Manager

Random direct-care staff were selected for interviews to include staff from all housing units and all areas of program. Experience levels ranged from one and a half to over 16 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping youth safe. The agency's commitment to implementing the PREA standards was very evident during interviews. Staff members were not only aware of their agency's policies and procedures relative to the standards, 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 knew their obligations as mandated reporters and first responders. All felt well supported by facility management, and had no fear regarding retaliation for reporting abuse. All staff have received PREA specific training as first responders and all knew 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 potential and/or imminent threats of sexual violence.

A total of 23 youth at the facility were interviewed, and included youth from all housing units. Random selection was done from unit rosters picking every fifth name until there was a sufficient pool of interview candidates that included at least two youth from each housing unit. Ages ranged from 15 to 20 years. Length of stay ranged from two months to one year. There were no youth currently at the facility that had made an allegation of sexual abuse or sexual harassment that occurred at the facility. There were no youth at the program who identified as transgender or intersex, or had been identified as gender non-conforming in appearance. All youth acknowledged being asked about sexual orientation, history of abuse and their own sense of vulnerability for victimization 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 multiple methods for reporting abuse. All youth acknowledged being screened upon admission (screening actually occurs on date of admission, which exceeds the standard) and receiving information upon admission on their right to be free from abuse in any form. No youth reported ever having fear for their safety while at the facility. All said they currently 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 one I have ever

received. Clicking on the referenced document in the questionnaire automatically opens the document to the correct page and highlighted reference.

The manner in which the interviews were organized and facilitated by the PREA Compliance Manager and the BJJS State-Wide PREA Coordinator was outstanding. There was no wasted time between interviews and youth from different housing units never crossed paths during the interview process.

The North Central Secure Treatment Unit is an outstanding juvenile facility. The scope of this audit (PREA compliance) does not afford the opportunity to go into all the positive aspects of the program.

STANDARDS DETERMINATION TOTALS:

Exceeds Standard – 2 (Two) Standards or approximately 4% of total standards.

Meets Standard - 40 (Forty) Standards or approximately 96% of total standards.

Does Not Meet Standard – 0 (Zero) Standards or 0% of total standards

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)

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.

This auditor was provided with 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 North Central Secure Treatment Unit 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)

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 6, was reviewed by this auditor. Policy requires North Central Secure Treatment Unit 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 showing, toileting and changing clothes. All showers and bathrooms 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 multiple Spanish speaking staff. 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)

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 8-10 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 BJJIS 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)

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.

As a result of the facility's annual vulnerability assessment the facility made upgrades its video surveillance system. 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 from 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 Geisinger Medical Center. There were no instances of sexual abuse or assault that would have necessitated a forensic examination during this audit period. Documentation of BJJS' 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)

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, 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 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. The facility reported seven allegations of sexual harassment during this audit period. Only one of these allegations actually rose to the level of repeated as stated in the standards. North Central Secure Treatment Unit, and BJJS 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 program reported 13 instances of alleged sexual abuse and/or sexual harassment. All 13 were reported to Child Line. Upon review of the incident reports by this auditor, only three of the allegations actually rose to the level of a reportable PREA incident. Ten allegations were referred to law enforcement for criminal investigation.

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)

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 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)

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 BJJIS Policy and Procedure 1.14, page 12, all volunteers and contractors must receive PREA training. The PREA training is a detailed review of the BJJIS 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. NCSTU does not utilize the services of volunteers.

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)

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.

BJJIS'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 (BJJIS 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 BJJIS 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 Montour County Office of Children and Youth. Documentation was provided to this auditor of BJJS' request to the Pennsylvania State Police and Montour 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. North Central Secure Treatment Unit 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 (Geisinger 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 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.

BJJS 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 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 BJJS Policy and Procedure 1.06A and the laws of the Commonwealth of Pennsylvania. All staff interviewed were aware of their obligations as mandated reporters.

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.

BJJS 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. BJJIS 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.

BJJIS’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.

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. North Central Secure Treatment Unit received one report of youth being sexually abused at another confinement facility during this audit period. Documentation of the facility's response to the allegation was provided to this auditor. The documentation supported full compliance with this standard. The facility reports that it received no reports from other confinement facilities.

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. North Central Secure Treatment Unit 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 North Central's institutional plan was provided to this auditor. The plans provide clear and concise direction for response to any alleged PREA violation. There was one allegation of sexual abuse during this audit period and documentation of the plan being used was provided for review by this auditor. There were allegations that did not rise to the level of sexual abuse in which the response plan was used. Documentation of this was also provided to this auditor. 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 North Central Secure Treatment Unit or BJJS on behalf of North Central Secure Treatment Unit 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.

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 persons 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.

North Central Secure Treatment Unit 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 North Central Secure Treatment Unit 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 no reported instances of sexual abuse alleged to have occurred during this audit period. BJJIS Policy and Procedure 1.14, page 20 and Policy 1.06A meets 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.

BJJS 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 North Central Secure Treatment Unit staff occurring during this audit period. Documentation of the investigation, referral to law enforcement and the final determinations was provided to this auditor.

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.

BJJS Policy and Procedure 1.14, page 21 addresses the requirements of this standard. There were no instances of sexual abuse, assault or harassment by North Central Secure Treatment Unit 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.

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 are therapeutic in nature. In other words, behavioral change is the goal versus punitive actions. Based upon the fact that North Central Secure Treatment Unit’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 North Central Secure Treatment Unit 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 Automated Intake and Incident Reporting 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.

BJJS 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 North Central Secure Treatment Unit during this audit period that involved physical contact, and therefore there was no documentation to be reviewed. Documentation of services being offered to the one alleged victim of sexual abuse (touched on buttocks by another youth) was provided to this auditor.

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 sexual assault, as defined in the PREA standards, occurring at North Central Secure Treatment Unit during this audit period. There was one allegation of sexual abuse (youth touched on buttocks by another youth) and documentation of services was provided for review. This incident was investigated by the Pennsylvania State Police and deemed unfounded. In the event that an 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 North Central Secure Treatment Unit during this audit period. BJJIS Policy and Procedure 1.14, page 22 complies with this standard. Due to the lack of sexual abuse incidents there was no documentation for this auditor to review. It should be noted that North Central Secure Treatment Unit conducts incident reviews of all alleged PREA violations, even ones that do not rise to the standards definition of sexual abuse. Documentation of these reviews was provided to this auditor. This practice clearly exceeds the standard.

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 BJJIS Policy and Procedure 1.14 addresses the data storage requirements of this standard. A review of the data available on the BJJIS 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

This auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of the Pennsylvania Bureau of Juvenile Justice Services or the North Central Secure Treatment Unit.



Kurt Pfisterer, Dual Certified PREA Auditor

August 7, 2015
Date