

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: 07/24/2017

Auditor Information			
Auditor name: Kurt Pfisterer			
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Email: kurtpfisterer@gmail.com			
Telephone number: 518 860 5764			
Date of facility visit: July 6, 2017			
Facility Information			
Facility name: Youth Forestry Camp # 2			
Facility physical address: R.R. #1, Box 82, Hickory Run State Park, White Haven, PA 18661-9714			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (570) 443-4737			
The 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: Jason Bogetti			
Number of staff assigned to the facility in the last 12 months: 57			
Designed facility capacity: 48			
Current population of facility: 31			
Facility security levels/inmate custody levels: Staff - Secure			
Age range of the population: 12 - 20			
Name of PREA Compliance Manager: John Kistler		Title: Youth Development Counselor Manager	
Email address: jkistler@pa.gov		Telephone number: (570) 582-1116	
Agency Information			
Name of agency: Pennsylvania Bureau of Juvenile Justice Services			
Governing authority or parent agency: <i>(if applicable)</i> Commonwealth of Pennsylvania			
Physical address: 607 South Street, Harrisburg, PA 17120			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 717-787-9532			
Agency Chief Executive Officer			
Name: Charles Neff		Title: Bureau Director	
Email address: chneff@pa.gov		Telephone number: (717) 705-2451	
Agency-Wide PREA Coordinator			
Name: Michael Both		Title: State-wide PREA Coordinator	
Email address: mboth@pa.gov		Telephone number: (717) 230-3384	

AUDIT FINDINGS

NARRATIVE

The Youth Forestry Camp #2 (YFC2) is a staff-secure 48 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 6, 2017 and covered the audit period of July 6, 2016 to July 6, 2017. On the morning of July 6, 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 10 of the current 39 youth, representing over 26 % of the population. The youth interviewed were a representative sample from each of the four housing units which comprise YFC #2. Length of stay for those interviewed ranged from one to twelve months. Ages ranged from 16 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 Wilkes-Barre Hospital. 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 Carbon 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.

Two of the contract education department staff was interviewed during the audit.

This facility was initially audited for PREA compliance in 2014. This is the second PREA compliance audit.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Youth Forestry Camp #2 (YFC2) is a 48 bed, staff-secure juvenile correctional facility operated by the Commonwealth of Pennsylvania. The facility consists of eight single-story, brick and mortar structures on a large wooded campus within Hickory Run State Park. The facility's physical plant is aptly suited for a juvenile correctional facility. There are two buildings that serve as housing for youth and each building contains two housing units. The 48 beds are evenly divided among four 12-bed dormitory housing units. The program is relatively short-term with an average length of stay of 125 days. The facility serves adolescent males, ages 15-20, which are in need of residential placement based upon adjudicating offense and/or institutional behavior(s).

The Mission of Youth Forestry Camp #2 will provide a safe and secure environment for in-need youth to learn, grow and prosper. Principles of **Balanced and Restorative Justice** and **Strength Based Treatment** will provide its philosophical foundation and standards for programming. Various innovative programs will be utilized to foster beneficial change in each youth's cognition and behavior, and every effort will be made to assist in the attainment of all his needs and goals. Special emphasis is placed on competency development, societal reintegration, family relations and dynamics, the reparation of harm done to victims and the community, health and recreation, and the delivery of a well-rounded, solid education for success.

The facility has a full-size indoor gym, outside basketball courts and a large sports field suitable for playing football, soccer, baseball and any other sport requiring a large, level, grassy surface. The newest building on the campus is the facility's state-of-the-art school building. The structure was purpose-built for its current use and has plenty of classrooms and office space. There are separate bathrooms for staff and youth. Vocational programming includes a commercial grade laser printing and engraving shop for the production of custom designed clothing and plaques.

There were 39 youth present on the first day of the audit.

The program 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 6, 2017. An entrance meeting was held with the Facility Director, Youth Development Counselor Manager and the BJS PREA Coordinator.

A complete tour of the facility took approximately one and a half hours. All areas were extremely well maintained. The facility completed a massive upgrade to its video surveillance system since the last compliance audit. During the initial audit the facility only had video surveillance in its state-of-the-art school building. The system only provided coverage of the gym and main hallways. There are now a total of 143 cameras providing video surveillance for over 95 % of the program areas. The system has a retention of approximately 28 days, depending on the amount of activity on camera. There are now cameras on the housing units, classrooms and most offices. There is camera view of every door and the outdoor recreation areas. Robust staffing (6:1), significantly above the standards, and excellent supervision practices fully mitigate any concerns regarding the limited blind spots in video surveillance system. There are no cameras in the bathrooms.

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 excellent in all housing areas (there are no blind spots on the housing units).

Youth were observed during work details, in school, 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 Geisinger Wilkes-Barre Hospital. A state-wide MOU is in place to provide victims services.

There were no incidents of sexual abuse, assault or harassment during this audit period. This was verified by email exchange with the Carbon County Children and Youth Services office administrator, who confirmed that there have been no incidents of sexual abuse or assault at the facility during this audit period.

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
- Youth Development Aide (3)
- Youth Development Aide Supervisor
- Youth Development Counselor (2)
- Youth Development Counselor Supervisor
- Youth Development Counselor Manager
- Court Liaison Program Specialist
- Drug and Alcohol Treatment Specialist II
- Facility PREA Compliance Manager
- School Principal

- Teacher

Experience levels ranged from two to over 24 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 10 youth at the program were interviewed. Ages ranged from 16 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 YFC#2. All said they felt safe at the facility. Remarkably, no youth interviewed had ever been restrained or involved in a use of force incident.

The quality and organization of the documentation provided to this auditor was outstanding. The pre-audit questionnaire completed by the BJJS 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 YFC#2 staff made the process go very smoothly and allowed for lengthy interviews with no wasted time in between.

The Youth Forestry Camp #2 is an excellent juvenile justice facility. The scope of this audit (PREA compliance) does not afford the opportunity to go into all the positive aspects of the program.

BJJS has clearly invested a great deal of time, effort and resources into its PREA compliance program. It has been three 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)

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 previous 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 Youth Forestry Camp # 2 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 Youth Forestry Camp # 2 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 approximately 28 days, depending on the amount of activity on camera. 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, 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. The shower stall is the only place youth are permitted to change clothes.

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 language services should the need arise. 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 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)

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.

Since the last PREA compliance audit in 2014 the facility expanded its video surveillance system to provide video coverage for over 95 % of the program areas. 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 found no deficiencies requiring the facility to upgrade 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)

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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 take 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 Wilkes-barre Hospital. 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)

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 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 three 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. Youth Forestry Camp # 2, 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. Two allegations were referred to law enforcement for investigation. The staff on youth allegation was deemed unfounded. Upon review of the investigation this auditor concurs with the finding. The second allegation was third party reported youth on youth consensual activity. There was no evidence to support the allegation.

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)

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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)

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’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 Carbon County Office of Children and Youth. Documentation was provided to this auditor of BJJS’ request to the Pennsylvania State Police and Carbon 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)

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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. Youth Forestry Camp # 2 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 Wilkes-Barre Hospital).

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)

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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. BJS’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.

BJS 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. Youth Forestry Camp # 2 reports it received no reports of youth being sexually abused at another confinement facility during this audit period. 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. Youth Forestry Camp # 2 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 Youth Forestry Camp # 2’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 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 Youth Forestry Camp # 2 or BJJS on behalf of Youth Forestry Camp # 2 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. The staff member involved in the one allegation of staff on youth abuse was placed on no contact status until the conclusion of the investigation.

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.

Youth Forestry Camp # 2 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 Youth Forestry Camp # 2 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 three 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 Youth Forestry Camp # 2 staff occurring during this audit period. There was one allegation of staff sexual misconduct that was deemed unfounded. 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.

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 Youth Forestry Camp # 2 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.

Youth Forestry Camp # 2 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 Youth Forestry Camp # 2’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 Youth Forestry Camp # 2 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 the 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.

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 Youth Forestry Camp # 2 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 Youth Forestry Camp # 2 during this audit period. There were three allegations of sexual abuse and or harassment. None 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 Youth Forestry Camp # 2 during this audit period and therefore there were no sexual abuse incident reviews conducted. BJJS 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.

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/ Kurt Pfisterer
Auditor Signature

July 24, 2017
Date