

PREA AUDIT: AUDITOR'S SUMMARY REPORT JUVENILE FACILITIES



FACILITY INFORMATION	
Name of Facility:	Cresson Secure Treatment Unit
Physical Address:	251 Correction Road, Cresson, PA 16630
Facility Mailing Address:	PO Box 269, Cresson, PA 16330
Telephone number:	(814) 886-6269
Facility Type:	Private For-Profit Residential Facility (Contract Vendor for PA BJJS)
Date of On-Site Audit:	September 9-10, 2014
PARENT AGENCY OR GOVERNING AUTHORITY INFORMATION	
Governing Authority or Parent Agency:	Pennsylvania Bureau of Juvenile Justice Services
Address:	Harrisburg, PA
Agency Chief Executive Officer:	Michael Pennington – Bureau Director
Agency Wide PREA Coordinator:	Michael Both – State Wide PREA Coordinator
Email:	mboth@pa.gov
AUDITOR INFORMATION	
Certified Auditor:	Kurt Pfisterer – Dual Certified Adult and Juvenile Facilities
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DESCRIPTION OF FACILITY CHARACTERISTICS: The Cresson Secure Treatment Unit (CSTU) is a 52 bed, secure juvenile correctional facility operated by the Justice Resource Institute under contract for the Commonwealth of Pennsylvania. The facility consists of one single-story, brick and mortar structure enclosed within a perimeter fence. The facility was design-built as a secure juvenile correctional facility. The 52 beds are evenly divided among four 13-bed housing units. Only three of the four housing units were in use at the time of the audit. All youth rooms are single occupancy and have a toilet and sink in the room. Showers are for individual use. The program is long-term with an average length of stay of 346 days. The facility serves adolescent males, ages 15-20, who are in need of secure residential placement based upon adjudicating offense and/or institutional behavior(s).

The Mission of Cresson Secure Treatment Unit is to establish and maintain a safe, therapeutic community, which relies upon a system of services that provide a framework of treatment, based on healthy relationships, personal growth and development, and empowers young men to lead responsible lives that instill self-respect, honesty, empathy, and respect for all persons, cultures and communities.

There were 25 youth present on the dates 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 September 9, 2014. An entrance meeting was held with the Facility Director, Nurse Administrator, PREA Compliance Manager, Clinical Director, Residential Directors (2) and the BJS PREA Coordinator.

A complete tour of the facility took approximately one hour. All areas were well maintained. The facility has a video surveillance system. The system provides 90-95 % coverage of all program areas. Every door in the facility is covered by a camera view. There are no cameras in shower areas or youth bedrooms. Youth bedrooms have a toilet and sink. Bedrooms are equipped with a red light over the exterior side of the door, controlled by the youth from inside the room, to signal staff that they are using the toilet. Robust staffing (5 : 1), significantly above the standards, and excellent supervision practices fully mitigate any concerns regarding blind spots. Showers are for individual use. 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). In addition to the staff assigned to direct supervision on the housing units there is an elevated, secure control booth that is manned at all times when youth are on the housing units.

Youth were observed during morning, in school, during movement, and at meals. Observations of staff supervision practices were consistent with the agencies policies.

The PREA education program for youth and screening for risk are conducted by clinical staff or one of the Residential Directors 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 Conemaugh 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 telephone interview with the Cambria County Children and Youth 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
- Clinical Supervisor
- BJJS PREA Coordinator
- Registered Nurse
- Nurse Administrator
- Youth Care Workers (7)
- Residential Directors (2)
- Youth Care Worker Supervisor
- Facility PREA Compliance Manager

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

All staff members were well versed in their obligations as mandated reporters. They actually carry a first responder duties card on their ID lanyards. 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.

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 (although 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 CSTU. All said they felt safe at the facility.

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

The Cresson Secure Treatment Unit 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.

STANDARDS DETERMINATION TOTALS:

Exceeds Standard – 3 Standards or approximately 7% of total standards.

Meets Standard - 38 Standards or approximately 93% of total standards.

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

CORRECTIVE ACTION PLANS

Standard	Deficiency	Action(s) Needed	Documentation
N/A*	N/A	N/A	N/A

***Note-All standards were found to be in compliance. No corrective action is required.**

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, the Cresson Secure Treatment Unit or its parent company.


Kurt Pfisterer, Dual Certified PREA Auditor

September 19, 2014

Date

PREVENTION

115.311 zero tolerance and PREA coordinator	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.	PA BJJS Zero Tolerance Policy 1.14, page 2/25 CSTU RIG-029	X	
(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.	PA BJJS Organization Chart and interviews.	X	
(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. (N/A if the agency operates only one facility.)	Program Organization Chart and interviews.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.312 contracting with other entities for confinement of residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.	Review of contract	X	
(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.	Review of contract	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.313 Supervising and monitoring	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); (6) The composition of the resident population;	FACILITY Video Surveillance and Staffing Plan	X	

PREVENTION

<p>(7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p>			
<p>(b) The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.</p>	<p>N/A – The facility pays overtime to maintain staffing ratios. No deviations from plan.</p>	<p align="center">X</p>	
<p>(c) Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. (N/A only until October 1, 2017.)</p>	<p>Ratios are 1-6 waking and 1-12 sleeping. Review of facility schedules. Observations while on site. Interviews with all levels of staff.</p>	<p align="center">X</p>	
<p>(d) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.311, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility’s deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adherence to the staffing plan.</p>	<p>Camera Layout Facility Vulnerability Assessment FACILITY Video Surveillance and Staffing Plan</p>	<p align="center">X</p>	
<p>(e) Each secure facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.</p>	<p>Documentation of unannounced rounds.</p>	<p align="center">X</p>	
<p>Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) Comment: Pennsylvania 3800 regulations mandate staff to youth ratios that exceed the standards. Observed ratios during on-site audit exceeded the 3800 regulations (1-5 not counting supervisors on the floor).</p>			
<p>115.315 Limits to cross gender viewing and searches</p>	<p align="center">Policies and Supporting Documentation</p>	<p align="center">Compliance</p>	<p align="center">Non-Compliance</p>
<p>(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p>	<p>CSTU RIG-019, PA BJJS Policies 1.14 and 7.10A.</p>	<p align="center">X</p>	
<p>(b) The agency shall not conduct cross-gender pat-down searches</p>	<p>CSTU RIG-019, PA BJJS Policies 1.14 and 7.10A.</p>	<p align="center">X</p>	

PREVENTION

except in exigent circumstances.			
(c) The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.	N/A – No cross gender pat searches conducted. Staff and youth interviews confirm.	X	
(d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.	PA BJJS Policy 1.14 Observation of practice Interviews with staff and youth Review of log books	X	
(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.	Strip searches of this type are not authorized per PA BJJS Policy 1.14.	X	
(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.	Searches Training Curriculum. Search Documentation Form. Staff Interviews.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.316 Disabilities and limited English	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in	PA BJJS Policies 1.14 and 1.12. Language access contracts. Confirmed via interviews with youth, staff and clinicians. Translated version of Youth Handbook.	X	

PREVENTION

<p>a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p>				
<p>(b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p>	<p>PA BJJS Policies 1.14 and 1.12. Language access contracts. Confirmed via interviews with youth, staff and clinicians.</p>	X		
<p>(c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.</p>	<p>PA BJJS Policies 1.14 and 1.12. Language access contracts. Confirmed via interviews with staff.</p>	X		
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>				
<p>115.317 Hiring and Promoting decisions</p>	<p>Policies and Supporting Documentation</p>		<p>Compliance</p>	<p>Non-Compliance</p>
<p>(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who— (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p>	<p>PA BJJS Policy 1.14, pages 8 and 9.</p>	X		
<p>(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.</p>	<p>PA BJJS Policy 1.14, pages 8 and 9.</p>	X		
<p>(c) Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p>	<p>PA BJJS Policy 1.14, pages 8 and 9.</p>	X		
<p>(d) The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.</p>	<p>PA BJJS Policy 1.14, pages 8 and 9.</p>	X		

PREVENTION

(e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.	PA BJJS Policy 1.14, pages 8 and 9.	X	
(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.	PA BJJS Policy 1.14, pages 8 and 9.	X	
(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.	PA BJJS Policy 1.14, pages 8 and 9.	X	
(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.	PA BJJS Policy 1.14, pages 8 and 9.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.318 Upgrades to Facilities and Technologies			
(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.	Agency has not remodeled or acquired any new buildings.	X	
(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.	Agency has not remodeled or acquired any new buildings.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
COMMENTS: Facility was purpose-built as a secure juvenile correctional facility.			

RESPONSIVE PLANNING

115.321 Evidence Protocol and Forensic Medical Exams	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.	The Cresson Secure Treatment Unit does not conduct investigations of sexual abuse or harassment. PA BJJIS Policy 1.14, pages 19 and 20.	X	
(b) The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.	There have been no instances of sexual abuse or assault during this audit period.	X	
(c) The agency shall offer all residents who experience sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.	There have been no instances of sexual abuse or assault during this audit period. PA BJJIS Policy 1.14, page 21	X	
(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.	There have been no instances of sexual abuse or assault during this audit period. Advocacy MOU. PA BJJIS Policy 1.14, page 21	X	
(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.	There have been no instances of sexual abuse or assault during this audit period. PA BJJIS Policy 1.14, page 21	X	
(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.	Email to PA State Police.	X	
(g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.	Email to PA State Police.	X	

RESPONSIVE PLANNING

<p>(h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p>	<p>Social Worker's Qualifications.</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>115.322 Ensure referrals of allegations for investigations</p>	<p>Policies and Supporting Documentation</p>	<p>Compliance</p>	<p>Non-Compliance</p>
<p>(a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p>	<p>PA BJJS Policy 1.14, page 17.</p>	<p>X</p>	
<p>(b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.</p>	<p>PA BJJS Policy 1.14, page 21 Website review No incidents during this audit period</p>	<p>X</p>	
<p>(c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.</p>	<p>PA BJJS Policy 1.14, page 19</p>	<p>X</p>	
<p>(d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p>	<p>PA BJJS Policy 1.14, page 19.</p>	<p>X</p>	
<p>(e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.</p>	<p>N/A</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>COMMENTS: The Pennsylvania State Police are responsible for investigating all criminal allegations. The Cambria County Children and Youth office is responsible for administrative investigations of all forms of abuse at CSTU.</p>			

TRAINING AND EDUCATION

115.331 Employee Training	Policies and Supporting Documentation	Compliance	Non-Compliance
<p>(a) The agency shall train all employees who may have contact with residents on:</p> <ul style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and (11) Relevant laws regarding the applicable age of consent. 	<p>Training curriculums and staffing training records. Employee interviews.</p> <p>Slide 4</p> <p>Slide 6, 15, 16</p> <p>Slides 18-23</p> <p>Slide 24</p> <p>Slide 7</p> <p>Slide 7</p> <p>Slide 7</p> <p>Slide 7</p> <p>Slide 8</p> <p>Slide 12</p> <p>Slide 19</p>	X	
<p>(b) Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p>	<p>N/A – All employees have been trained.</p> <p>Staff training records and employee interviews.</p>	X	
<p>(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.</p>	<p>Post-Training affirmations of understanding.</p>	X	
<p>(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.</p>	<p>Post-Training affirmations of understanding.</p>	X	
<p>Overall Determination:</p> <p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard)</p> <p><input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
115.332 Volunteer and contractor training	Policies and Supporting Documentation	Compliance	Non-Compliance
<p>(a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their</p>	<p>PA BJJS Policy 1.14, page 12.</p>	X	

TRAINING AND EDUCATION

responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.			
(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.	PREA Training acknowledgements.	X	
(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.	PREA Training acknowledgements.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.333 Resident Education	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.	Exceeds standard. This is done on the date of admission. Youth education acknowledgements. Interviews with staff and youth.	X	
(b) Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.	N/A – All youth have received the training. Interviews with youth confirm that they understand the training.	X	
(c) Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.	Language access contracts.	X	
(d) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.	Signed receipts.	X	
(e) The agency shall maintain documentation of resident participation in these education sessions.	Information is posted throughout the program and on all living units.	X	
(f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.	Information is posted throughout the program and on all living units.	X	
Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.334 Specialized training: Investigators	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the	N/A – Sexual abuse investigations are conducted by outside agencies.	X	

TRAINING AND EDUCATION

<p>extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p>			
<p>(b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p>	<p>N/A – Sexual abuse investigations are conducted by outside agencies.</p>	<p>X</p>	
<p>(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p>	<p>N/A – Sexual abuse investigations are conducted by outside agencies.</p>	<p>X</p>	
<p>(d) Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p>	<p>N/A – Sexual abuse investigations are conducted by outside agencies.</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>115.335 Specialized training: Medical and Mental Health Care</p>	<p>Policies and Supporting Documentation</p>	<p>Compliance</p>	<p>Non-Compliance</p>
<p>(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>	<p>Training Curriculum.</p>	<p>X</p>	
<p>(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p>	<p>N/A – PA BJJS and its contract providers do not perform forensic examinations.</p>	<p>X</p>	
<p>(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p>	<p>Documentation of training</p>	<p>X</p>	
<p>(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.</p>	<p>Documentation of training</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			

SCREENING FOR RISKS OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.341 Obtaining Information from Residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.	Exceeds standard. Occurs on date of admission. Every effort is made to gather information prior to admission. PA BJJS Policies 1.14, pages 14 and 15, and 1.26A, pages 6-8.	X	
(b) Such assessments shall be conducted using an objective screening instrument.	PA BJJS Vulnerability Instrument	X	
(c) At a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.	PA BJJS Vulnerability Instrument Confirmed via youth interviews and interview with staff that conduct initial screening	X	
(d) This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.	Confirmed via interviews with clinician and youth.	X	
(e) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.	Confirmed via interviews with clinician and PA BJJS PREA Coordinator.	X	
Overall Determination: <input checked="" type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.342 Placements in housing, bed, program, education and work assignments	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of	PA BJJS Policies 1.14, pages 14 and 15, and 1.26A, pages 6-8.	X	

SCREENING FOR RISKS OF SEXUAL VICTIMIZATION AND ABUSIVENESS

<p>keeping all residents safe and free from sexual abuse.</p>			
<p>(b) Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During any period of isolation, agencies shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p>	<p>PA BJJS Policies 1.14, pages 14 and 15, and 1.26A, pages 6-8. No instances during this audit period.</p>	<p>X</p>	
<p>(c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</p>	<p>No LGBTI youth during this audit period. Confirmed via interviews with youth and staff.</p>	<p>X</p>	
<p>(d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.</p>	<p>No LGBTI youth during this audit period.</p>	<p>X</p>	
<p>(e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.</p>	<p>PA BJJS Policies 1.14, pages 14 and 15, and 1.26A, pages 6-8.</p>	<p>X</p>	
<p>(f) A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.</p>	<p>All youth's safety concerns are given serious weight regarding treatment decisions.</p>	<p>X</p>	
<p>(g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.</p>	<p>All youth shower alone. Confirmed via staff and youth interviews, and observation.</p>	<p>X</p>	
<p>(h) If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.</p>	<p>No instances during this audit period.</p>	<p>X</p>	
<p>(i) Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.</p>	<p>No instances during this audit period.</p>	<p>X</p>	

Overall Determination:
 Exceeds Standard (substantially exceeds requirements 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)

SCREENING FOR RISKS OF SEXUAL VICTIMIZATION AND ABUSIVENESS

REPORTING

115.351 Resident Reporting	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.	PA BJJS Policies 1.14, pages 15 and 16.	X	
(b) The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.	PA BJJS Policies 1.14, pages 15 and 16. PA Child-Line number and Blue Phone System. Observed and confirmed via youth interviews.	X	
(c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.	PA BJJS Policies 1.14, pages 15 and 16. Confirmed via staff interviews.	X	
(d) The facility shall provide residents with access to tools necessary to make a written report.	Observed and confirmed via youth interviews.	X	
(e) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.	PA BJJS Policies 1.14, pages 15 and 16. Confirmed via staff interviews.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.352 Exhaustion of Administrative Remedies	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.	PA BJJS Policies 1.14, page 16. No grievances were filed related to sexual abuse during this audit period. Confirmed via review of grievance records.	X	
(b) (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.	PA BJJS Policy 3.03A all.	X	
(c) The agency shall ensure that— (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.	PA BJJS Policy 3.03A all.	X	

REPORTING

<p>(d) (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.</p>	<p>PA BJJS Policy 3.03A all.</p>	<p style="text-align: center;">X</p>	
<p>(e) (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third party, other than a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.</p>	<p>PA BJJS Policy 3.03A all.</p>	<p style="text-align: center;">X</p>	
<p>(f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p>	<p>PA BJJS Policy 3.03A all.</p>	<p style="text-align: center;">X</p>	
<p>(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.</p>	<p>PA BJJS Policy 3.03A all.</p>	<p style="text-align: center;">X</p>	

REPORTING

Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.353 Resident access to outside support services and legal representation	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephones, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.	PA BJJS Policy 1.06, page 7.	X	
(b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.	Confirmed via interviews with clinical and medical staff.	X	
(c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.	Advocacy MOU.	X	
(d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.	Confirmed via interviews with youth.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.354 Third Party Reporting	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.	PA Child-Line .	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.361 Staff and Agency Reporting duties	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.	PA BJJS Policy 1.06A, page 5. Staff interviews.	X	
(b) The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.	Staff interviews.	X	
(c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.	PA BJJS Policy 1.06A, page 5.	X	
(d) (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.	PA BJJS Policy 1.06A, page 5.	X	
(e) (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.	PA BJJS Policy 1.06A, page 5.	X	
(f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.	PA BJJS Policy 1.06A, page 5.	X	

Overall Determination:
 Exceeds Standard (substantially exceeds requirements 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)

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.362 Agency protection duties	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.	PA BJJS Policy 1.06A, page 5. No incidents	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.363 Reporting to other confinement facilities	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.	PA BJJS Policy 1.06A, page 5. No incidents	X	
(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.	No incidents	X	
(c) The agency shall document that it has provided such notification.	No incidents	X	
(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.	No incidents	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.364 Staff first responder duties	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.	PA BJJS Policy 1.14, page 18. Practice exists and all staff interviewed was able to articulate the appropriate steps to be taken as a first responder. Staff carry first responder information/duties card at all times. No incidents.	X	
(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.	PA BJJS Policy 1.14, page 18.	X	

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.365 Coordinated response	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.	PA BJJS Policy 1.14, page 18. No incidents.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.366 Preservation of ability to protect residents from contact with abusers	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.	No new Collective Bargaining Agreements	X	
(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.	No new Collective Bargaining Agreements	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.367 Agency Protection Against Retaliation	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.	PA BJJS Policy 1.27 appendix A and B. No incidents	X	
(b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.	No incidents	X	
(c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or	No incidents	X	

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

<p>staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p>			
<p>(d) In the case of residents, such monitoring shall also include periodic status checks.</p>	<p>No incidents</p>	<p>X</p>	
<p>(e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p>	<p>No incidents</p>	<p>X</p>	
<p>(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p>	<p>No incidents</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
115.368 Post-allegation protective custody	Policies and Supporting Documentation	Compliance	Non-Compliance
<p>(a) Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p>	<p>No incidents</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			

INVESTIGATIONS

115.371 Criminal and Administrative Agency Investigations	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.	PA BJJS Policy 1.14, page 18 CSTU does not conduct such investigations. No incidents	X	
(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.	Email PA State Police	X	
(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.	No incidents	X	
(d) The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.	PA BJJS Policy 1.14, page 18	X	
(e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.	PA BJJS Policy 1.14, page 18	X	
(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.	PA BJJS Policy 1.14, page 18	X	
(g) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.	PA BJJS Policy 1.14, page 18	X	
(h) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.	No incidents	X	
(i) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.	PA BJJS Policy 1.14, page 18	X	
(j) The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.	Records retention schedule	X	
(k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.	PA BJJS Policy 1.14, page 18	X	

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(l) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.	PA BJJS Policy 1.14, page 18	X	
(m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.	PA BJJS Policy 1.14, page 18	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.372 Evidentiary Standards for Administrative Investigations	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.	PA BJJS Policy 1.14, page 18	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.373 Reporting to Residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.	PA BJJS Policy 1.14, page 20 No allegations during this audit period	X	
(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.	No incidents	X	
(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.	No incidents.	X	
(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.	No incidents.	X	
(e) All such notifications or attempted notifications shall be documented.	No incidents.	X	

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(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.	No incidents.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.376 Disciplinary Sanctions for Staff	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.	PA BJJS Policy 1.14, page 20 No incidents.	X	
(b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.	No incidents.	X	
(c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.	No incidents.	X	
(d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.	No incidents.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.377 Corrective Action for Volunteers and Contractors	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.	PA BJJS Policy 1.14, page 20 No incidents.	X	
(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.	PA BJJS Policy 1.14, page 20 No incidents.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.378 Disciplinary Sanctions for Residents	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.	PA BJJS Policy 1.14, page 21 Juvenile Handbook No incidents.	X	

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<p>(b) Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</p>	<p>No incidents.</p>	<p style="text-align: center;">X</p>	
<p>(c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p>	<p>No incidents.</p>	<p style="text-align: center;">X</p>	
<p>(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</p>	<p>Confirmed via interview with clinical staff.</p>	<p style="text-align: center;">X</p>	
<p>(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p>	<p>No incidents.</p>	<p style="text-align: center;">X</p>	
<p>(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p>	<p>No incidents.</p>	<p style="text-align: center;">X</p>	
<p>(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p>	<p>No incidents.</p>	<p style="text-align: center;">X</p>	

Overall Determination:

- Exceeds Standard (substantially exceeds requirements 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)

MEDICAL AND MENTAL HEALTH CARE

115.381 Medical and mental health screenings; history of sexual abuse	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.	PA BJJS Policy 4.05, pages 4 and 5. Confirmed via interviews with medical and clinical staff.	X	
(b) If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.	Confirmed via interviews with medical and clinical staff.	X	
(c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.	Confirmed via interviews with medical and clinical staff.	X	
(d) Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.	Confirmed via interviews with medical and clinical staff.	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.382 Access to emergency medical and mental health services	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.	PA BJJS Policy 4.05, pages 4 and 5. No incidents	X	
(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.	No incidents	X	
(c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.	No incidents	X	
(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.	No incidents	X	

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Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.383 Ongoing medical and mental health care for sexual abuse victims and abusers	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.	PA BJJS Policy 4.05, pages 4 and 5. No incidents	X	
(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.	No incidents	X	
(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.	No incidents	X	
(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.	No incidents	X	
(e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.	No incidents	X	
(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.	No incidents	X	
(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.	No incidents	X	
(h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.	No incidents	X	
Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)			
115.386 Sexual abuse incident reviews	Policies and Supporting Documentation	Compliance	Non-Compliance
(a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.	PA BJJS Policy 1.14, page 22. No incidents	X	
(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.	No incidents	X	
(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners	No incidents	X	
(d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or	No incidents	X	

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<p>respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p>			
<p>(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p>	<p>No incidents</p>	<p>X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>115.387 Data collection</p>	<p style="text-align: center;">Policies and Supporting Documentation</p>	<p style="text-align: center;">Compliance</p>	<p style="text-align: center;">Non-Compliance</p>
<p>(a) and (c) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p>	<p>PA BJJS Policy 1.14, page 23. No incidents</p>	<p style="text-align: center;">X</p>	
<p>(b) The agency shall aggregate the incident-based sexual abuse data at least annually.</p>	<p>No incidents</p>	<p style="text-align: center;">X</p>	
<p>(d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews</p>	<p>PA BJJS Policy 1.14, page 22. No incidents</p>	<p style="text-align: center;">X</p>	
<p>(e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p>	<p>No incidents</p>	<p style="text-align: center;">X</p>	
<p>(f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p>	<p>PA BJJS Website posting</p>	<p style="text-align: center;">X</p>	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>115.388 Data review for corrective action</p>	<p style="text-align: center;">Policies and Supporting Documentation</p>	<p style="text-align: center;">Compliance</p>	<p style="text-align: center;">Non-Compliance</p>
<p>(a) The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and</p>	<p>PA BJJS Policy 1.14, page 23. No incidents</p>	<p style="text-align: center;">X</p>	

MEDICAL AND MENTAL HEALTH CARE

<p>response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p>			
<p>(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.</p>	No incidents	X	
<p>(c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p>	No incidents	X	
<p>(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p>	No incidents	X	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			
<p>115.389 Data storage, publication, and destruction</p>	<p>Policies and Supporting Documentation</p>	<p>Compliance</p>	<p>Date Completed</p>
<p>(a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p>	PA BJJS Policy 1.14, page 24.	X	
<p>(b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p>	PA BJJS Website posting	X	
<p>(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.</p>	PA BJJS Website posting	X	
<p>(d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</p>	PA BJJS Policy 1.14, page 24.	X	
<p>Overall Determination: <input type="checkbox"/> Exceeds Standard (substantially exceeds requirements of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>			