

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

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

If no Interim Audit Report, select N/A

Date of Final Audit Report: December 11, 2020

Auditor Information

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Company Name: PREA Juvenile Auditors of America, LLC	
Mailing Address: 79 Jansen Road	City, State, Zip: New Paltz, NY 12561
Telephone: 845-594-8161	Date of Facility Visit: November 18, 2020

Agency Information

Name of Agency: Pennsylvania Bureau of Juvenile Justice Services			
Governing Authority or Parent Agency (If Applicable): Commonwealth of Pennsylvania of Human Services, Office of Children, Youth and Families			
Address: 625 Forster Street, Room 126		City, State, Zip: Harrisburg, PA 17120	
Mailing Address: P.O. Box 2675		City, State, Zip: Harrisburg, PA 17120	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.dhs.pa.gov/Services/Children/Pages/PREA.aspx			

Agency Chief Executive Officer

Name: Charles Neff	
Email: chneff@pa.gov	Telephone: 717-705-2451

Agency-Wide PREA Coordinator

Name: Michael Both	
Email: mboth@pa.gov	Telephone: 717-230-3384
PREA Coordinator Reports to: Ethan Davis	Number of Compliance Managers who report to the PREA Coordinator: 5

Facility Information

Name of Facility: Loysville Youth Development Center

Physical Address: 10 Opportunity Drive

City, State, Zip: Loysville, PA 1047

Mailing Address: 10 Opportunity Drive

City, State, Zip: Loysville, PA 1047

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: [https:// www.dhs.pa.gov](https://www.dhs.pa.gov)

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

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

ACA

NCCHC

CALEA

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

N/A

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

Facility Administrator/Superintendent/Director

Name: John Boyer / Jenny Naugle

Email: johboyer@pa.gov; jennaugle@pa.gov

Telephone: 717-789-5524 / 717-789-5572

Facility PREA Compliance Manager

Name: Ken Cecil

Email: kcecil@pa.gov

Telephone: 717-789-5409

Facility Health Service Administrator N/A

Name: Robert Polites

Email: rpolites@pa.gov

Telephone: 717-789-5627

Facility Characteristics

Designated Facility Capacity:

64

Current Population of Facility:

57

Average daily population for the past 12 months:	55	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	13-20	
Average length of stay or time under supervision	204.94 days	
Facility security levels/resident custody levels	LYDC Medium Secure	
Number of residents admitted to facility during the past 12 months	104	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	104	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	104	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	186	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	47	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	4	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	4	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	
Physical Plant		

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	36
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
<p>Number of single resident cells, rooms, or other enclosures:</p>	64
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	5
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	4
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: [Click or tap here to enter text.](#))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

7

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: *Select all that apply*

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe): Perry County Children and Youth
- N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) audit of the Loysville Youth Development Center (LYDC) was conducted on November 18, 2020. This facility was initially audited during the first PREA cycle on July 7, 2015 and was re-audited during the first year of the second PREA three-year cycle on July 19, 2017 and was found to be in full compliance.

Loysville Youth Development Center is a secure 64 bed facility for male adolescents operated by the Pennsylvania Bureau of Juvenile Justice Services (BJJS). It is the mission of LYDC to provide a safe, secure and therapeutic environment which challenges students to change their behavior and values. In addition, LYDC strives to promote the development of education, vocational, and social competencies while protecting the community and providing the residents the opportunity to pay their societal debt.

LYDC has four (4) cottages and one (1) specialized unit. Allegheny Cottage serves a more generalized population of residents that do not fit into the other specialized programs at LYDC. All youth work on a personalized, online-based curriculum throughout their placement to enhance their academic levels (Math and Language Arts in particular). Independent living skills and community reintegration are also emphasized. Juniata Cottage serves residents with deeply ingrained delinquent values, with special emphasis on educational remediation. Z-B Cottage serves residents with shorter and less severe delinquent histories and significant substance abuse issues and related charges. Specialized Treatment and Rehabilitation (STAR) Cottage addresses the mental health needs of male adolescents who were adjudicated delinquent and have been diagnosed with significant mental health disorders. Secure Unit serves a diverse population of residents in need of treatment in a more secure setting. This program provides treatment for residents who are typically more aggressive and hold onto deeply rooted antisocial value systems.

The PREA audit took place on November 18, 2020 Perry County, Loysville, Pennsylvania; the resident population was fifty-seven (57). Prior to the arrival, this auditor reviewed pertinent BJJS policies, procedures, and related documentation used to demonstrate compliance with Juvenile Facility PREA Standards. The pre-site review of documents contained in the Pre-Audit Questionnaire submitted by the PREA Coordinator prompted a few questions. During this pre-audit time period, through emails and phone calls with the PREA Coordinator, uploaded information and documentation were discussed and clarified. The PREA Coordinator was also courteous and provided additional information in an expeditious manner.

Notifications of the on-site portion of the audit were posted throughout the facility and accessible to staff, residents, and visitors on September 17, 2020. Photographs were taken of the various sites were emailed to this auditor noting the date and their locations. Emails and phone calls between this auditor and the PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process, schedule, and to request any additional information that was needed to review.

Upon arrival at the facility on November 18, 2020 at approximately 9:00 am, this auditor met with the Facility Director and PREA Coordinator to discuss the audit schedule and review any questions or concerns anyone had about the on-site portion of the audit. The meeting was followed by a detailed tour of the entire facility.

All areas of the facility were very clean and well maintained. Exteriors of the buildings are in tremendous shape (majority of the buildings on grounds were built in the middle 1800's). During the tour, I saw the audit postings in all areas that residents have access to and in every living unit. In addition, there were PREA posters in both English and Spanish in all areas, describing sexual abuse and how to report sexual abuse.

During my tour I observed residents in school, in their cottages, during movements and at meals. Additionally, during the tour, I spoke to a few residents who informed me of their daily routine at the facility. They also articulated the PREA education they received upon admission. They said that they were given information on their rights to be free from sexual abuse, assault and 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 occurs on the day of admission, which far exceeds the standard). 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 LYDC. All residents said that they felt safe at the facility.

All residents receive physicals within seventy-two (72) hours of admission. I observed the private room where residents are seen and given their physicals. The Vulnerability Assessment Instrument screening occurs on the date of admission. The screening is conducted by the Court Liaison Program Specialist. There were PREA posters in the medical area in English and Spanish. The nurse described the training she had received and how to report any sexual abuse or sexual harassment.

All staff use the hand-held radios to communicate to the control room when they are in movement to any area. This auditor observed staffing ratios of 5:1 during the on-site portion of the audit, which exceeds the 8:1 standard requirement. Staff of the opposite gender were observed announcing themselves when entering a cottage. The facility has a video surveillance system which provides coverage for over 95% of the facility. The facility has four hundred eighty-six (486) interior cameras and seventy-two (72) exterior cameras. The system provides coverage of all housing units, hallways, stairwells, recreational areas and educational areas. There are no cameras in the resident's room. The system has a retention time of thirty (30) days (which is outstanding).

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

Unannounced rounds are conducted by an upper level supervisory and/or management level employee at a minimum of twice each month. Unannounced rounds are conducted on all shifts including evenings, weekends, and holidays. All unannounced rounds are documented using the Unannounced Rounds Tracking Form. This was verified by this auditor by reviewing the Unannounced Rounds Tracking Form and through interviews with staff.

The tour took approximately three hours and at the conclusion of the tour, I conducted interviews in a private room in the administrative building, in a classroom and in the dining room of the secure building. Interviews were also conducted on the second day. I requested to re-visit the educational area and a few housing units on the second day. The following staff and residents were interviewed:

- Facility Director
 - Conducts unannounced rounds
 - Member of the Sexual Abuse Incident Review Team
 - Monitors retaliation

- Psychological Services Specialist
- BJJS PREA Coordinator
- Registered Nurse
- Youth Development Aide (12)
- Youth Development Counselor (4)
- Youth Development Counselor Supervisor
- Youth Development Counselor Manager (3)
- Court Liaison Program Specialist
 - Administers the Vulnerability Assessment Instrument
- Nurse Supervisor
- Educational Consultant--Contractor
- Dentist
- Agency Field Human Resource Officer
- Facility PREA Compliance Manager
- 19 Random Residents

Randomly selected staff members interviewed had years of experience that ranged from fourteen (14) months to nine and a half (9.5) years. Staff members interviewed were from all three (3) shifts. All staff were very knowledgeable about PREA, the Zero Tolerance Policy, and reporting and responding to incidents and allegations of sexual abuse, sexual assault, and sexual harassment. Staff members interviewed were professional and committed to PREA. Staff stated they have been trained to take all suspicions, knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were aware of their roles as mandated reporters.

I was provided with the facility resident roster which consisted of fifty-seven (57) residents, which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, or who were disabled or non-English speaking. Nineteen (19) residents were interviewed. There were no residents who reported sexual abuse. There were no residents in the population who identified as lesbian, gay, or bisexual. There was one (1) transgender or Intersex resident in the current population. There were four (4) residents that were disabled or non-English proficient.

I reviewed the files of twelve (12) staff for required documentation, and nineteen (19) residents. The nineteen (19) files were of those residents that I interviewed.

Residents have several avenues to contact a public or private entity, or office that is not part of the agency to report instances of sexual abuse and sexual harassment. The PREA education program for youth and screening for risk are conducted by the State Court Liaison on the date of admission, and documented. Residents have a grievance process for reporting, including reporting to parents, guardians, through visits and via phone calls. Staff and residents knew that they could report verbally, in writing, anonymously, and

through third parties. Most residents were aware that there were victim advocates and services available to them in the communities such as the Pennsylvania Coalition Against Rape.

The following MOU's are in effect:

- MOU with Carlisle Regional Medical Center for Forensic Examinations with SAFE/SANE
- MOU with Pennsylvania Coalition Against Rape
- MOU with Pennsylvania State Police

During the past twelve (12) months, there have been no allegations of sexual abuse or sexual harassment against staff or residents.

At the conclusion of the on-site audit, a brief Exit Interview was held on November 19, 2020 with the Facility Director, PREA Coordinator, Facility PREA Compliance Manager. The preliminary results of the audit were discussed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Loysville Youth Development Center (LYDC) is a sixty-four (64) bed secure facility located in Perry County. It is the mission of LYDC to provide a safe, secure and therapeutic environment with challenges student to change their behavior and values. In addition, LYDC strives to promote the development of educational, vocational, and social competencies while protecting the community and providing the residents the opportunity to pay their societal debt.

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

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

- Allegheny Cottage serves a more generalized population of residents that do not fit into the other specialized programs at LYDC. All youth work on a personalized, online-based curriculum throughout their placement to enhance their academic levels (Math and Language Arts in particular). Independent living skills and community reintegration are also emphasized. Youth from this program also receive core programming to introduce them to vocational skills and the impact of crime. There are typically 10-15 residents housed in this cottage at any given time. They attend school on the

grounds, within the perimeter fence. Off-grounds Community Service projects are available with Probation/Court approval. Family engagement is encouraged and visits are welcomed on a bi-weekly basis as approved by the treatment team and Probation Department.

- Juniata Cottage serves residents with deeply ingrained delinquent values, with special emphasis on educational remediation. Due to the extensive degree of academic programming, Juniata is especially suited for residents with a realistic opportunity of obtaining their GED. Juniata Cottage also provides a Short-Term Track in addition to its regular programming to address substance abuse and daily living skills in an effort to promote independence, functional living.
- Z-B Cottage serves residents with shorter and less severe delinquent histories and significant substance abuse issues and related charges. The program fosters a therapeutic community environment that helps facilitate change through milieu therapy in addition to individual and group therapies. The core of the program is built on Hazelden's New Directions curriculum, which is a cognitive-behavioral treatment program designed to simultaneously treat poly-substance abuse issues and delinquent behavior.
- Specialized Treatment and Rehabilitation (STAR) Cottage addresses the mental health needs of male adolescents who were adjudicated delinquent and have been diagnosed with significant mental health disorders. More intensive involvement by the psychiatrist and the Master's level clinician are provided to meet the resident's needs. Residents continually work on treatment assignments (accountability for offending behaviors, family dynamics, mental health history, conflict resolution, thinking distortions, emotions and empathy development, and reintegration issues) that are processed in their individual and group counseling sessions as well as with the Master's level clinician. Cognitive-behavioral approaches are emphasized as well as the need to conduct intensive family counseling.
- Secure Unit serves a diverse population of residents in need of treatment in a more secure setting. This program provides treatment for residents who are typically more aggressive and hold onto a deeply rooted antisocial value system. The program provides a highly structured environment ensuring accountability for personal choices and providing guidance and instruction for improved decision-making. Individualized treatment plans place emphasis on competency development and staff utilize cognitive restructuring techniques to address distorted thinking patterns. Developing empathy for others and becoming a part of a positive community are emphasized throughout the program. The program also places high value in life skills development, understanding that our clients need to be prepared to function independently and becoming productive members of society.

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

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 3

List of Standards Exceeded: 115.322, 115.333, 115.341

Standards Met

Number of Standards Met: 40

Standards Not Met

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

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

Pennsylvania Bureau of Juvenile Justice Service has a designated PREA Coordinator. Loysville Youth Development Center has a designated PREA Compliance Manager. The Facility PREA Compliance Manager's interview, during the on-site portion of this audit, demonstrated that LYDC is committed to the sexual safety of the residents. All staff members and residents interviewed demonstrated they not only received but understood the education and training that was offered to them.

There is a Memorandum of Understanding (MOU) with Carlisle Regional Medical Center. It is noted in the MOU that Carlisle Regional Medical Center will provide SAFE/SANE's for all forensic medical examinations for residents. There is a MOU with Pennsylvania Coalition Against Rape to provide victim advocacy and emotional support in the event of an incident of sexual abuse. There is a MOU with the Pennsylvania State Police to conduct criminal investigations.

Resident education program is provided to youth by the assigned Court Liaison Program Specialist on the date of admission as part of the intake process. Youth receives written materials about PREA and their rights to be free from abuse upon admission. This document is available in English and Spanish. Each youth signs an acknowledgment that they understood the material presented. All youth interviewed were aware of their rights to be free from abuse and multiple means of reporting allegations of abuse. There are posters throughout the facility to educate visitors, staff, and residents regarding PREA and how to report it. The Youth Development Counselor conducts follow up education at thirty (30), sixty (60), and ninety (90) days. Residents are well educated and this was evident during the interviews with the youth.

The Vulnerability Assessment, and medical and mental health follow ups are all done in a timely manner upon admission.

All staff receive training on the following critical subjects:

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

All staff had completed their PREA training, child abuse and criminal history clearances. This auditor reviewed twelve (12) random staff files and found them to be in compliance. All resident files were complete for timely PREA education, administration of the Vulnerability Assessment Instrument, Medical and Mental Health follow up, and documentation of risk-based housing decisions.

The quality and organization of the documentation provided to this auditor was outstanding. The Pre-Audit Questionnaire completed by the BJJS Statewide PREA Coordinator was excellent.

The Loysville Youth Development Center is an excellent juvenile justice facility that is well run. The staff are highly committed and dedicated to keeping residents safe. It was evident the BJJS is highly committed and invested in providing resources to ensure PREA compliance.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

- The Pennsylvania Bureau of Juvenile Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- BJS Organizational Chart
- Loysville Youth Development Center Organizational Chart
- Pre-audit Questionnaire

Interviews:

- Interview with Facility Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager

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

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

115.312 (a)

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

115.312 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Neither the Bureau of Juvenile Justice Services nor Loysville Youth Development Center contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Facility Director and the BJJIS PREA Coordinator.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire

Interviews:

- Interview with Facility Director
- Interview with Agency PREA Coordinator

Standard 115.313: Supervision and monitoring

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

115.313 (a)

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

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

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".)
 Yes No NA

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

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Pennsylvania Bureau of Juvenile Justice Service Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states "BJJS shall maintain staff to resident ratios of no less than 1:8 during resident waking hours and no less than 1:16 during resident sleeping hours." Programs within BJJS shall continue to maintain established regulatory staff to resident ratios (the only exception being during limited and discrete exigent circumstances). All justifications for deviations shall be documented and retained. All deviations shall also be communicated to the Facility Director and the Facility PREA Compliance Manager. There have been no instances of not meeting the ratio and this was confirmed by interview of the Facility Director and by review of the facility staff schedules. The annual Staffing Plan at LYDC addresses the facility's staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on October 20, 2020. Documentation of the annual review of the plan was provided to this auditor. The PREA Coordinator reviews staffing on a yearly basis as required. The PREA Coordinator stated that staffing ratios are reviewed on a daily basis to ensure that resident needs are met. The ratio that is required by the Pa 3800 Child Care regulations is 1:6, 1:12 for secure facilities and 1:8, 1:16 for non-secure facilities.

This auditor was provided with the current staff schedules and they showed that the facility was staffed with better ratios than those required by Pa 3800 Child Care regulations. Their schedules are completed on a weekly basis and reviewed on a daily basis. The facility has a procedure for voluntary and mandatory overtime for any emergency staffing, so there are never any deviations. Additional staff are scheduled to work in case of a youth on special program or the facility has a special event. During the tour, this auditor observed staff supervising a group of youth in the dining room, in the classrooms, and on the living units.

There is a video surveillance system which provides video coverage of all housing units, program areas and hallways. The system has a video retention period of thirty (30) days. Unannounced rounds are conducted by management staff and documented using the Unannounced Rounds Tracking Form. Unannounced rounds are supplemented with random video reviews by supervisors. This auditor reviewed log books and the Unannounced Rounds Tracking Forms, and verified that unannounced rounds do occur per the standard.

Review of documentation to determine compliance:

- Pa Bureau of Human Services 3800 Child Care Regulations
- Pa Bureau of Human Services Licensing and Inspection Summary
- LYDC staff schedules
- Logs of Unannounced Rounds
- LYDC Unannounced Rounds Tracking Form
- Documentation of annual review of staff schedules by PREA Coordinator

Interviews:

- Interview with Facility Director
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interview with random staff on all three (3) shifts
- Interview with random residents

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 7.10A Resident Searches prohibits staff from conducting cross-gender pat searches and that youth may only be searched by staff of the same gender. All searches must be conducted with a witness. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 7.10A Resident Searches prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. This was confirmed during the interview with the Facility Director, Facility PREA Compliance Manager, random staff members, and residents during the on-site portion of the audit. Staff stated that they do not conduct them and residents stated that they have never been subjected to a cross-gender pat search. All staff have received training regarding the search of a transgender or intersex resident in a respectful and dignified manner.

There was one (1) transgender resident in the current population. Interview with the youth confirmed that the youth felt safe, can shower individually, and staff check on the youth's safety on a regular basis. Staff and residents both stated that staff know to announce themselves when entering a housing unit that houses residents of the opposite gender. There are no cameras in bathrooms, showers, youth rooms or anywhere youth are permitted to change clothes. Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14 enable all resident to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This was verified by interview with staff and residents. Interview with residents verified that female staff announce themselves before entering the housing unit.

Reviewed documentation to confirm compliance:

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

Interviews:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with random staff
- Interview with residents
- Interview with transgender youth

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

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

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that all residents that are admitted with disabilities shall have equal opportunity to all aspects of BJJ's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Examples include LYDC's staff reading the PREA pamphlets to vision impaired residents and providing resident education in audio and video format for both vision and hearing impaired.

The PREA Policy 1.14 also states that BJJ will ensure that residents with limited English proficiencies are instructed on the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, PREA Policy 1.14, and PREA pamphlet addressing zero tolerance. BJJ provides contracted interpreting services to assist LYDC in interactions with language barriers when communicating with residents. Special education teachers are

available for residents with learning disabilities. A language interpretation service is available for other languages should the need arise. BJJS Policy 1.12 states on page 4 that only qualified interpreters may be used. Other residents do not meet the policy's definition of "qualified interpreter."

During the on-site audit, there was one (1) resident who was disabled and three (3) residents that were not English proficient. During the tour, this auditor observed postings in English and Spanish throughout the facility. The Facility Director stated that all reasonable accommodations are made for residents with disabilities. There was one youth currently at the facility that had disabilities that did require him to receive special services to understand their rights under PREA. This was confirmed via interviews with staff and youth.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with random staff
- Interview with one resident that was disabled
- Interview with three (3) non-English proficient residents

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment require criminal background checks and child abuse checks for all employees and contractors prior to employment. The PREA Policy 1.14 states that the BJJS shall not hire

or promote anyone, nor enlist the services of any contractor who may have contact with residents who fall under the following rule-out criteria:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

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

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with the Agency Field Human Resource Officer

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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LYDC develops a Staffing Plan on an annual basis (updated on October 20, 2020 by the Facility Director). The facility's most recent Annual Vulnerability Assessment (Video Surveillance and Staffing Plan) was provided to this auditor prior to the on-site portion of this audit and was confirmed during the interview with the Facility Director.

Per the PREA Policy 1.14, LYDC employs a camera system that is monitored 24/7 by supervisory and central staff. The facility has a video surveillance system which provides coverage for over 95% of the facility. The system provides coverage of all housing units, hallways, stairwells, recreational areas and education areas. Any modifications, upgrades, expansions to the facility will include consideration of such design, acquisition, expansion, or modification will impact or enhance the ability to protect residents from sexual abuse. This was confirmed during interview with the Facility Director and the Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

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

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment addresses the availability of victim advocacy services to residents and that services will be provided to the resident at no cost. A review of documentation shows that LYDC has a MOU with Carlisle Regional Medical Center. The MOU clearly stated that the Emergency Department at Carlisle Regional Medical Center will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement. Investigations are conducted by Pennsylvania State Police as outlined in the MOU. A Memorandum of Understanding exists with the Pennsylvania Coalition Against Rape. The MOU addresses crisis counseling and victim advocacy services. All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed.

This auditor spoke to a representative for the Carlisle Regional Medical Hospital and confirmed the MOU with the facility. This auditor also spoke to the Director of Coalition Against Rape and she confirmed the services stated in the MOU.

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

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- MOU with Carlisle Regional Medical Center
- MOU with Pennsylvania Coalition Against Rape
- MOU with Pennsylvania State Police

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Nurse
- Interview with random staff
- Phone interview with Director of Pennsylvania Coalition Against Rape
- Phone interview with representative from Carlisle Regional Medical Center

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

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

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The facility reported no allegations of sexual abuse and/or sexual harassment during the past twelve (12) months. All allegations would be reported to Child Line for investigation. Loysville Youth Development Center, and BJJS as a whole, are intentionally reporting and investigating single occurrences of sexual harassment (standard states “repeated” in definition) in order to improve the conditions of confinement at the facility as they relate to PREA compliance, and they should be applauded for their efforts. This practice clearly exceeds the requirements of this standard.

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

Reviewed documentation to determine compliance:

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

Interviews:

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

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Relevant laws regarding the applicable age of consent.

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

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

All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the PREA Policy 1.14 (zero-tolerance), their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection.

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.26A, Transitional Services states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:

1. The agency's zero-tolerance for sexual misconduct
2. What constitutes sexual misconduct
3. The agency's program for prevention of sexual misconduct
4. Methods of self-protection
5. How to report sexual misconduct and retaliation
6. Protection from retaliation
7. Treatment and counseling

BJJS's resident education program is provided to youth by an assigned Court Liaison Program Specialist on the date of admission as part of the intake process. Youth receive written materials about PREA and their rights to be free from abuse upon admission. All youth also view a PREA video upon admission. This

document is available in English and Spanish. Each youth signs an acknowledgement that they understood the material presented.

All residents interviewed stated they were educated upon admission during their intake process. The residents were very knowledgeable about PREA, including the PREA Policy (zero-tolerance), their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). All youth entering any BJJIS facility, either as a new admission or a transfer, go through the same intake process. Posters, in both English and Spanish, were clearly visible on all living units and throughout the facility.

Reviewed documentation:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.26A, Transitional Services
- PREA Brochure
- Resident PREA Acknowledgement Form
- Posters for Reporting and Education in Spanish and English
- Nineteen (19) resident files

Interviews:

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

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)
 Yes No NA

115.334 (b)

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1/14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS does not conduct any internal investigations for allegations of sexual abuse. Such allegations are conducted by the Pennsylvania State Police and the Perry County Office of Children and Youth. Documentation was provided to this auditor of BJJS's request to the Pennsylvania State Police and Perry County to comply with the PREA standards when conducting such investigations. Documentation of training for BJJS investigators was provided to this auditor. BJJS investigators have completed the PREA investigators training.

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

There have been zero (0) cases of allegations during the past twelve (12) months. This was confirmed by the Facility PREA Compliance Manager.

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that LYDC does not perform any forensic medical examinations. These are conducted at Carlisle Regional Medical Center and that was verified by this auditor. This policy also mandates PREA training for medical and mental health staff. This auditor interviewed a nurse who stated she would immediately report allegations to their supervisor and document the allegation. She stated that the forensic examinations are not conducted at the facility and that all examinations would be conducted by a SAFE/SANE at Carlisle Regional Medical Center. The nurse received Mandated Reporter training. The medical nurse and mental health staff received training regarding the sexual abuse of juvenile victims and had also received training on the protection of forensic evidence. The agency's protocol is to preserve/avoid destruction of evidence and then transport to the designated medical facility (Carlisle Regional Medical Center).

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

Reviewed documentation to determine compliance:

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

Interviews:

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or

identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) the residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Interviews with residents confirmed the screening assessment occurred shortly after admission, as well as all residents stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse at the facility. Nineteen (19) resident files were reviewed for documentation verifying the risk of assessments were being completed in a timely manner as per the policy.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Service Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Service Policy 1.26A, Transitional Services
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Review of nineteen (19) resident files

Interviews:

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

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

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

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

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

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

- a. Residents shall not be placed in particular housing based on identification alone or status. Nor shall identification or status be used as an indicator of possible sexual abusiveness.
- b. All housing placements will be made with the sole intention of ensuring the residents’ health and safety.
- c. Transgender or Intersex resident’s safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex’s own views, with respect to his or her own safety, shall be given serious consideration.
- d. Transgender or Intersex resident shall follow the LYDC operating procedures in regards to showering separately.

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

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

There was one (1) youth in the facility during the audit that identified himself as LGBTI. Interview with the youth confirmed that the youth felt safe, can shower individually, and staff check on the youth's safety on a regular basis. Of the nineteen (19) resident files this auditor reviewed, none of the residents were identified as sexually vulnerable from the Vulnerability Assessment Instrument.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Vulnerability Assessment of nineteen (19) residents.
- Housing Logs
- Shower Policy

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Court Liaison Program Specialist
- Interviews with residents
- Interview with resident who identified as Transgender

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

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

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

All interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Additionally, they understood the grievance process.

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with Director of Pennsylvania Coalition Against Rape
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. If a resident filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy. This auditor reviewed nineteen (19) resident files and all contained notification of the grievance process.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 3.03A, Resident Grievances
- Grievance Forms
- Files of nineteen (19) residents

Interviews:

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

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.06B. Reporting and Investigating Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment outlines that BJJS will provide residents with access to confidential emotional support services with the Pennsylvania Coalition Against Rape. There is a statewide memorandum of understanding (MOU) with the Pennsylvania Coalition Against Rape. Posters in both English and Spanish are posted throughout the facility with the information. All youth receive a handout at admission regarding how to report abuse.

Interviewed residents were aware of how to access outside agencies by using the Blue Phone which is located in Medical and has a direct line to these services and does not require the youth to remember any telephone number. The residents interviewed were all able to describe the advocacy services offered to them. All residents stated they knew how to use the Blue Phone and acknowledged receiving weekly free telephone calls to their families and weekly visits. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient.

All staff were aware of how residents can access outside agencies through the Blue Phone.

MOU is in place with Pennsylvania Coalition Against Rape and the services they offer. The MOU was reviewed by this auditor, and this auditor spoke to the Director by telephone prior to the on-site audit to confirm the services offered in the MOU. During the tour, this auditor picked up the blue phone and confirmed that the phone was in service and connected to the Pennsylvania Coalition Against Rape.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility PREA Compliance Manager
- Interview with Director of Pennsylvania Coalition Against Rape
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.354: Third-party reporting

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

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interviews with randomly selected staff
- Interviews with residents

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

There have been no incidents or reports of sexual abuse or sexual harassment in the past twelve (12) months. The Zero Tolerance Policy 1.14 requires all staff to immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff, contractors, and volunteers receive training as to how to fulfill their obligations as mandated reporters (what to report and how to report it). All staff, contractors, medical nurse and mental health staff, when interviewed, acknowledged that they are mandated reporters and knew that they must immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. Interview with the Facility Director supported the protocol discussed in the above-mentioned policy.

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and Policy 1.06B, Reporting and Investigation Alleged Child/Resident Abuse, Sexual Abuse and/or Sexual Harassment requires that when a staff member learns that a resident is subjected to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. There were zero (0) residents that the facility determined was subject to substantial risk of sexual abuse during the past twelve (12) months where a resident was at substantial risk of imminent sexual abuse. After review of the policies, interviews with the Facility Director, Facility PREA Compliance Manager, and twelve (12) random staff, this auditor affirms that any report of imminent sexual abuse would be handled immediately and properly. All staff interviewed were able to articulate means that they would use to protect youth should this occur. These included immediately calling for a supervisor to respond to the location; keeping the youth under arms-length supervision until the supervisor arrives; and, if necessary based on the imminent nature of the threat, securing the youth alone in a bedroom, office or other room. All staff members stated they would act immediately. If the aggressor was a staff member, interview confirmed that the staff member would be removed or terminated.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with the Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with randomly selected staff

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with the Facility Director

Standard 115.364: Staff first responder duties

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

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

There were no incidents during the past twelve (12) months that required first responder actions.

Reviewed documentation to determine compliance:

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

Interviews:

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

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with nurse
- Interview with mental health staff
- Interview with randomly selected staff

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that neither the BJJS nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining unit agreement that limits the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. There have been no new collective bargaining agreements entered into by Loysville Youth Development Center or BJJS on behalf of Loysville Youth Development Center that would violate this standard. BJJS Policy and Procedures 1.14 specifically authorizes BJJS to protect youth from contact with alleged abusers up to and including suspending staff without pay. There were no reported allegations of staff on youth misconduct during this audit period.

During the interview with the Facility Director, he stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into place; and this always includes removing the staff person from contact with the resident or residents depending upon the allegation.

Reviewed documentation to determine compliance:

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

Interview:

- Interview with Facility Director

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

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

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Interview with the Facility Director indicated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, a safety plan would be required, which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment or suspension. It could include moving the resident's room, unit or program. She stated that the facility would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the facility that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. This is documented.

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

Reviewed documentation to determine compliance:

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

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

Interview:

- Interview with Facility Director

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Reviewed documentation to determine compliance:

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

Interview:

- Interview with Facility Director

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

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

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states any reports (direct, indirect, third-party) received involving sexual abuse and sexual harassment shall be reviewed by the Facility Program Director or designee to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly and objectively. If the minimum criteria is met, the allegations shall be reported to the Pennsylvania State Police who have been trained in sexual abuse investigations involving juvenile victims. There is a MOU with the Pennsylvania State Police. The facility does not conduct criminal investigations. BJJS Policy and Procedures 1.06B and 1.09B comply with this standard relative to the administrative investigations. BJJS investigators completed PREA investigations training and follow the protocols there in when conducting investigations related to the allegations of sexual harassment. The internal administrative investigation is not in lieu of the County Children and Youth Agency investigation and is conducted to determine adherence to policies and procedures. This investigation shall not impede the County Children and Youth Agency investigation. If the allegation of sexual abuse was determined to be substantiated or unsubstantiated an Incident Review would also be conducted after the investigation was completed. Investigations are not to be terminated should the source of the allegation recants the allegation. The facility will report all allegations, even if the victim recants. All allegations, whether if a staff person is no longer employed at the facility, are reported.

There were no allegations of sexual abuse or sexual harassment during the past twelve (12) months. Interviews with the Facility Director and representative from the Pennsylvania State Police confirmed the protocols in place for criminal investigations.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with representative from Pennsylvania State Police
- Interview with representative from Child Line
- Interview with representative from the County Children and Youth Agency

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Pa. Department of Human Services confirmed this policy is followed for

determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and Pennsylvania State Police.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with representative from Pa. Child Line

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

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

115.373 (c)

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

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

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The Facility Director and Facility PREA Compliance Manager stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. The facility had no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Reviewed documentation to determine compliance:

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

Interview:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating the BJJS's sexual abuse or sexual harassment policies during the past twelve (12) months. Additionally, there were no staff disciplined for violations of the PREA Zero

Tolerance Policy. This was confirmed during the interview with the Facility Director and the Agency Field Human Resource Officer.

Reviewed documentation to determine compliance:

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

Interview:

- Interview with the Facility Director
- Interview with Agency Field Human Resource Officer

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Reviewed documentation to determine compliance:

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

Interview:

- Interview with the Facility Director
- Interview with the Facility PREA Compliance Manager
- Interview with Agency Field Human Resource Officer

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

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

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

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

115.378 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

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

There were no substantiated allegations of sexual abuse during the past twelve (12) months. However, in the event of a substantiated allegation of resident-on-resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules. All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. BJJS does not use isolation or segregation as a disciplinary measure.

Interview with the Facility Director and the Facility PREA Compliance Manager confirmed if there was an incident where residents alleged to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules. They also confirmed that the facility does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to BJJS policy.

Reviewed documentation to determine compliance:

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

Interview:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with mental health staff

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? Yes No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

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

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

A review of nineteen (19) resident files noted there were no current residents who have disclosed prior victimization during screening. If a resident discloses prior victimization during the screening, a safety plan is developed to keep the resident safe at the facility. Per medical staff interview, youth have access to all the same medical services available to youth in the community. When a disclosure of prior abuse occurs, and services are offered by medical and mental health staff, this is documented in Juvenile Justice Automated Case System. Access to this system is restricted. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Responding to Reports of Sexual Abuse and/or Sexual Harassment
- Vulnerability Assessment Instrument
- Log of Admissions
- Secondary medical documentation
- Files of nineteen (19) residents

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager
- Interview with the Nurse
- Interview with mental health staff
- Interview with Court Liaison Program Specialist
- Interviews with residents

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment and BJJS Policy 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment requires that any resident who requires emergency services will be taken to Carlisle Regional Medical Center for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately to medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement or staff would call 911. This would be done immediately and would be free of charge to the resident. There is a statewide MOU with Pennsylvania Coalition Against Rape for victim services that clearly states that services will be provided to the youth free of charge.

There were no incidents of sexual abuse or sexual assault, as defined in the PREA standards, occurring at Loysville Youth Development Center during this audit period and therefore there was no documentation to review.

Interview with the Facility Director and the Facility PREA Compliance Manager confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOU with Carlisle Regional Medical Center and with Pennsylvania Coalition Against Rape.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- Pennsylvania Bureau of Juvenile Justice Services Policy 4.05, Response to Reports of Sexual Abuse and/or Sexual Harassment
- MOU with Carlisle Regional Medical Center
- MOU with Pennsylvania Coalition Against Rape

Interviews:

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

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with Facility PREA Compliance Manager

- Interview with nurse
- Interview with mental health staff

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Facility Director.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

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

There were no incidents within the past twelve (12) months that have required an incident review. All PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report by the Facility Director.

Reviewed documentation to determine compliance:

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

Interviews:

- Interview with Facility Director
- Interview with Incident Review Team member

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

An interview with the BJJS PREA Coordinator indicated that he keeps detailed records for all incidents to generate his annual report and/or data required by the United States Department of Justice. There were no allegations of sexual abuse during the past twelve (12) months. The facility has submitted the Annual Sexual Violence form and has it posted on the DHS website on November 1, 2020.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- 2019 Annual PREA Report
- DOJ 2019 Annual Survey

Interview:

- Interview with Facility Director
- Interview with BJJS PREA Coordinator
- Interview with Facility PREA Compliance Manager

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Pennsylvania Bureau of Juvenile Justice Services Policy and Procedures 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment states that BJJS shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

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

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

The annual report shall be approved by the BJJS Director and made readily available to the public through the DHS website. Specific material is redacted from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted. The BJJS shall also remove all personal identifiers from the report. The most recent Annual PREA Report (2019) is posted on the DHS website and was reviewed by this auditor.

Upon request, BJJS provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed By BJJS PREA Coordinator and posted on the DHS website (most recent survey November 1, 2020).

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- PREA Annual Report (2019)
- DHS website

Interviews:

- Interview with Facility Director
- Interview with BJJS PREA Coordinator
- Interview with Facility PREA Compliance Manager

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The facility's Annual PREA Report is reviewed and approved by the BJJS Director and made available to the public through the DHS website. The BJJS PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2019) is posted on the DHS website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

- Pennsylvania Bureau of Juvenile Justice Services Policy 1.14, Zero Tolerance of Sexual Abuse and/or Sexual Harassment
- PREA Annual Report (2019)
- DHS website

Interviews:

- Interview with Facility Director
- Interview with BJJIS PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Loysville Youth Development Center was first audited in 2015 during the second year of the first three-year cycle. The facility was re-audited on June 19, 2017, first year of the second three-year cycle and was found to be fully compliant on August 3, 2017. This re-audit occurred during the first year of the 3rd three-year PREA cycle on November 18, 2020.

The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on September 17, 2020), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility; and was provided a private and confidential area of the facility to complete interviews of residents and staff.

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

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire

- Tour of facility
- DHS website

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Final PREA audit report from 2017 is posted on the DHS website. The final PREA report was posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the DHS website and an interview with the BJJS PREA Coordinator.

Reviewed documentation to determine compliance:

- DHS website

Interview:

- Interview with BJJS PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Farooq Mallick

December 11, 2020

Auditor Signature

Date

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

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