

# PREA Facility Audit Report: Final

**Name of Facility:** Lancaster County Youth Intervention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/03/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Maureen G. Raquet	<b>Date of Signature:</b> 12/03/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Raquet, Maureen
<b>Address:</b>	
<b>Email:</b>	Mraqet1764@comcast.net
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	10/21/2019
<b>End Date of On-Site Audit:</b>	10/22/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Lancaster County Youth Intervention Center
<b>Facility physical address:</b>	235 Circle Ave, Lancaster, Pennsylvania - 17602
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Drew Fredericks
<b>Email Address:</b>	frederid@co.lancaster.pa.us
<b>Telephone Number:</b>	717-209-3325

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Drew Fredericks
<b>Email Address:</b>	frederid@co.lancaster.pa.us
<b>Telephone Number:</b>	717-209-3325

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Drew Fredericks
<b>Email Address:</b>	frederid@co.lancaster.pa.us
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Monica Walton
<b>Email Address:</b>	mwalton@primecaremedical.com
<b>Telephone Number:</b>	717-209-3346

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	96
<b>Current population of facility:</b>	29
<b>Average daily population for the past 12 months:</b>	28
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	10-18
<b>Facility security levels/resident custody levels:</b>	secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	86
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	24
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	175

AGENCY INFORMATION	
<b>Name of agency:</b>	Lancaster County Youth Intervention Center
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	235 Circle Avenue, Lancaster, Pennsylvania - 17602
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Christine Hausner	<b>Email Address:</b>	chausner@co.lancaster.pa.us

## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 Lancaster County Youth Intervention Center was conducted on October 21, 22, 2019 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This is a re-audit of the facility conducted during the first year of the third PREA cycle. This facility was initially audited during the first PREA cycle in October of 2014 and was found to be in full compliance on November 26, 2014. The facility was re-audited, on October 24, 25, 2016, during the first year of the second PREA three year cycle and was found to be fully compliant in January 17, 2017. Notice of this Audit was posted on September 9, 2019, and I received an email with pictures of the posting in the living units and public areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on October 21, 2019. There have been no communications received as a result of this posting in the Auditor's Post Office box. On Sept. 18, 2019, I received notification of an on-line Pre-Audit Questionnaire being completed. During this period, through emails and phone calls with the PREA Manager/Facility Director additional information was requested and uploaded. The agenda for the onsite portion of the Audit was emailed to the PREA Manager on October 7, 2019.

The onsite portion of the Audit commenced with a brief entrance interview with the Facility Director/PREA Manager, Shelter Director, PULSE Director, Business Administrator, Program Coordinator, Adolescent Therapist and a Nurse. At this time, I was provided with a census of all residents in the facility and a staff schedule for the week. This was followed by a tour of all areas of the facility that the children have access to.

During the tour, I saw postings for the upcoming Audit in the front lobby area, in every living unit and every common area that the residents have access to. In addition there were posters in both Spanish and English in all areas, including the visiting area describing PREA, describing Sexual Abuse, providing reporting information for the Lancaster County YWCA and providing constant reminders to both staff and residents about boundary issues and "drawing the line".

Upon entering the front door of the reception area there are PREA pamphlets next to the visitor's log with information for parents, visitors, volunteers and contractors. A notice of the upcoming Audit was affixed to the counter next to the Visitor sign in book. There was a PREA reporting box on the wall in the lobby. While on the tour, I saw the "Gray Phone" that is located in the hearing room and that is a hotline to the Lancaster County YWCA. There are posted directions for its use. The YWCA is a member of the Pennsylvania Coalition Against Rape. I followed the posted directions and I reached the emergency reporting line for this agency. During the pre-Audit time period, I contacted the YWCA Director, who confirmed both the reporting capability and all other services in the MOU provided to me, including crisis intervention and providing a victim advocate for the residents. The YWCA Director also stated she was not aware of any incidents or problems at the Youth Center. A female Shelter resident volunteered to show me how to report by using the confidential PREA dropbox or the hotline.

During the tour, I also spoke to a maintenance employee, a teacher's aide, and a dietary employee who told me that they had received PREA training each year and as recently as one month ago. One dietary

contracted employee stated that she had started work at LCYIC just three weeks ago and had not received her PREA training yet. Prior to the end of the onsite, documentation of her PREA training was provided to me. I spoke to Detention and Shelter staff who received training and they told me that Administration conducts unannounced rounds on a regular basis. While onsite, I viewed a video recording of a random unannounced round that was conducted on a third shift, by an Administrator. Recording capability is for approximately 30 days. However, the Facility Director "burns" a copy of the round when he receives documentation that an UAR has been conducted.

During the tour, the on-duty Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite. She showed me where the health records are privately kept electronically on her computer in her locked office in the Medical Suite.

During the tour, all residents were in school, except for two boys on Unit confinement in Detention. I had the opportunity to see the residents supervised in group settings in the classrooms and also during a lunch period. They attend school and eat by living unit, so that the group never exceeds twelve. On the living unit I observed two boys and two staff. In the library I observed three Shelter girls with 3 staff. There was only one girl in Detention and one female staff is always assigned to her. I observed 10 Detention boys in a classroom with a teacher, an aide and two Detention staff. The teacher and aide do not count in ratio. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations.

On the units, I heard "knock and announce" practiced when male staff entered the all female shelter unit and when female staff entered the male unit. There were postings next to each living unit door, directing the opposite gender to announce themselves.

Directly after the tour of the facility, and the following day, I interviewed the following:

Facility Director/PREA Manager who monitors retaliation and conducts UARs

PREA Coordinator

Human Resources staff

Two Prime Care Nurses

Adolescent Therapist

Caseworker who administers the Vulnerability Assessment

PULSE Weekend Program Supervisor who conducts VAIs

Staff who conducts PREA education at Intake

Shelter Director who is a member of the Sexual Abuse Incident review team and conducts UARs

Program Coordinator who conducts UARs

Four Volunteers (one by telephone)

Four Contracted employees (including the two nurses listed above)

Twelve (12) random staff

Ten (10) random residents

The twelve staff interviews represent 19% of the 62 direct care staff. Staff are both full and part time and work permanent shifts with rotating days off. Males work on male units and females work on female units. In addition to a roster of all staff employed at the facility, I was provided with a work schedule for the week. From this schedule, I randomly selected staff from Shelter and Detention first and second shifts. I requested that two midnight staff be selected to remain for an interview by Facility staff. PULSE staff primarily only work weekends, when the program runs. There are 62 direct care staff, including supervisors, for Detention, Shelter and PULSE. AFSCME represents only the Detention staff at LCYIC. This contract went into effect on January 1, 2019.

I was given a census of all facility residents separated by living unit and by Program. There were 11 residents in Detention: 10 boys and 1 girl. There were 13 residents in Shelter: four girls and nine boys.

One girl was admitted to Shelter during the first day of the Audit, bringing the total population to 14 in Shelter and 25 in the facility. Of the 25 total residents, I interviewed (10) residents from Detention (5) and Shelter (5). That represents 40% of the total population on the days of the Audit. I interviewed 6 boys and four girls from all 5 living units, that were in use. There were no residents who reported a sexual abuse. There were no Transgender or Intersex residents in the population. There were three residents who identified as bisexual and two were interviewed. There were no physically disabled or non-English proficient residents. There were two residents who identified as having an intellectual disability and both were interviewed. There were five residents who had disclosed prior sexual abuse and I interviewed two. Three residents go out of the facility for school every day and were not available for interview and one Shelter girl refused to be interviewed.

I reviewed the files of 8 staff for required documentation, including three hired within the past 12 months and the files of two volunteers and two contracted employees. I reviewed the files of 13 residents, 11 active and 2 discharges. I was provided a census of all admissions from the past 12 months and randomly picked the discharged files from this list. The 11 active files were those of the 10 residents that I interviewed and one additional Shelter file.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including the "Gray Phone", a hotline to YWCA and the PREA dropboxes. There is also the grievance procedure, family visiting twice a week, phone calls every week, visits by attorneys, probation officers, and caseworkers. Some Shelter residents go out to school in the community every day. Both residents and staff who were interviewed knew that they could report in writing, verbally, anonymously and through third parties. Staff knew and understood their mandated reporter responsibilities.

Pennsylvania Child Line, by phone or computer, is a mandated reporting requirement for staff, but is also a phone resource for residents as well.

There are MOUs with the Lancaster Hospital for Forensic Examinations with SAFE/SANEs and an MOU with the Lancaster County Detectives and the Lancaster City Police who conduct Criminal Investigations. Pa. Child Line also conducts investigations. This information is posted on the facility website.

During the past 12 months there have been no allegations of sexual abuse or sexual harassment. There have been no reports from other facilities of abuse at the Youth Center and the Youth Center has not received any reports of sexual abuse at other facilities.

In summary, after reviewing all pertinent information provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. There is a PREA Coordinator for both the Juvenile Detention Center/Shelter as well as the County Jail, which underwent a PREA Audit in June 2019. The PREA Coordinator is the Lancaster County Solicitor. She has assumed this responsibility when the Asst. Solicitor left the County, but has recently hired a new Asst. Solicitor who will take over the role of PREA Coordinator. There is a PREA Manager, who is the Director of the Facility. He also monitors retaliation in this role and conducts random Unannounced rounds. He along with his management team have developed and implemented policy and procedure to ensure compliance with the PREA Standards. A new addition to the Facility is the Adolescent Therapist who meets with every new admission to the Center as well as offering ongoing counseling if needed and desired.

The staff and residents have demonstrated that they not only received but understand the education and training. All staff interviewed received PREA training either during PREA implementation in 2014 or as part of orientation training when hired. The Adolescent Therapist had the PREA training that all employees receive, but had not had any specialized PREA training beyond her education. Prior to the 45 day Interim report, documentation of her specialized training was submitted to the Auditor.

All residents receive PREA education during the Intake process and then more comprehensive PREA

education, one on one, with the Facility Caseworker. Additionally, once a month, all residents take a PREA quiz.

There is an ongoing relationship and a MOU with the Lancaster County YWCA, a member of the Pennsylvania Coalition Against Rape, that allows for victim advocacy, emotional support and reporting. A Victim Advocate is always provided for a victim of sexual abuse. There is a MOU with Lancaster Hospital for Forensic Medical Examinations for Residents conducted by SAFE/SANEs. There is a MOU with the Lancaster County Detectives to conduct criminal investigation and with the Lancaster City Police Department who would respond to a 911 call. This information is posted on the website.

The Masters' Level Caseworker conducts the Risk Assessment within 72 hours of Intake and again at 6 months for the Detention and Shelter Residents. The PULSE Weekend Program Director conducts the VAs for these admissions on the first weekend they attend. The Caseworker uses information from the Health and Safety Assessment and other sources to make her risk based housing decisions, but she was not using that information to properly score the Vulnerability Assessment Instrument. As part of the plan of correction the Caseworker submitted all VAs from the date of the onsite Audit up until the 45 day Interim report to the Auditor to demonstrate compliance.

The resultant medical follow ups were done in a timely fashion. The nurse keeps digital records of Medical information. All residents receive a physical within 72 hours of admission. They can also see a tele-psychiatrist for medication evaluations or other psychiatric needs. The Adolescent Therapist meets with every new admission between 24-48 hours from Intake and offers her counseling services to them. All staff and resident logs and files reviewed were complete for both education/training, except for the Adolescent Therapist as noted above. The contractors and volunteers also received the required training. All staff files that were reviewed contained PA, child abuse, criminal history and FBI clearances clearances.

At the end of the onsite Audit, an Exit meeting was held with the following: Facility Director/PREA Coordinator, Shelter Director, PULSE Weekend Supervisor, Case Manager, Adolescent Therapist, Facility Trainer, Prime Care Nurse and the Business Administrator, and Program Coordinator. The preliminary findings of the Audit were discussed, including documentation that needed to be submitted for two standards to be in full compliance. This documentation was received prior to the 45 day report, which also serves as the final report.

This facility is fully PREA compliant effective 12-3-19.



## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

The Lancaster County Youth Intervention Center was built in 2001 and occupied in March of 2002. It is a County run Juvenile Detention Center and Shelter, in the City of Lancaster, Pa. The program consists of a 96 bed center, divided into 5 wings or units. The units each have two 12 bed sections: in Detention, two units of 36 are designated male and one 12 bed unit is female (total 48 beds). Only three units in Detention, were being utilized during the onsite. On the date of the Audit, there were 11 Detention residents: 10 boys and one girl.

During the past year, 2018, there were 219 admissions in Detention: 167 males and 52 females ranging in age from 10-21. Detention is a temporary placement for the protection of the community or to ensure that residents appear for their court dates. Admission to Detention is regulated by the Detention Standards governing the use of Secure Detention in Pennsylvania. Only delinquent or alleged delinquent children may be placed in Detention by Juvenile Probation or by order of the Juvenile Court. The average stay was 16 days.

There is a 24 bed shelter for both delinquent and dependent children. On the date of the Audit, there were 14 Shelter Residents: 9 males and 5 females. The Shelter unit has a boy's section and a girl's section. Shelter is non-secure by Pa. Department of Human Services regulations but meets the criteria for secure by the PREA standards. Some residents can and do attend school in the community. The Shelter program had 123 admissions in the same time period (2018): 72 males and 51 females. Shelter accepts both male and female delinquent and dependent children from both Juvenile Probation and the Office of Children and Youth. Some of these residents are there through no fault of their own and may need temporary living arrangements. Other residents may be truants, ungovernables or runaways and delinquent children who may not meet the criteria for secure detention. The Shelter program is entirely separate from Detention, with its own dining room and classrooms.

The PULSE weekend program, had 34 male admissions in 2018 and 11 female admissions and begins on Friday PM and finishes on Sunday PM. The children are Court Ordered for 5 weekends. PULSE, in the past, has only accepted male delinquents from Juvenile Probation but now accepts dependent males from the Office of Children and Youth as well as female referrals

The Evening reporting center (non-residential) also operates out of the PULSE program space. In 2018, there were 100 admissions to the ERC: 51 males and 49 females. A Unit formerly used for office space for children and youth has been added to the ERC/PULSE program space. One unit is still used as an office area and is completely locked off from the rest of the center, with a separate entry and exit, but would allow for expansion if needed.

The Youth Intervention Center no longer contracts with any other county to provide care for their residents. This change went into effect January 1, 2019.

The facility is run by the Director, Drew Fredericks, and he reports directly to the County Commissioners. It is licensed yearly by the Pa. Department of Human Services under the 3800 Child Care Regulations. There are 86 full time and part time employees, as well as contracted employees in the Medical/Behavioral Health (Prime Care) and Educational Units (Lancaster City Schools). The Food Service (Aramark) and its employees are also contracted. The direct care or line staff are both full and

part time, and work permanent shifts. The units are staffed by both male and female staff. The Youth Intervention Center has extensive community involvement with over 178 volunteers, who do gardening, writing circle, health and wellness and a variety of other programs. All residents attend school and participate in recreation in the gym, courtyard and library.

The one story, 92,324 square foot building was built in 2001 and is on a 9.06 acre campus that is located within the City of Lancaster, Pa. The front door opens to a very large vestibule that is decorated with the residents' art work. This is the entry used by those attending Court in the Hearing Room. This is also the Administrative/Office area with a Training Room for staff and a conference room. The secure area of the building contains the three living units of two twelve beds sections each. They have single rooms, with built in beds, and a long narrow window to the outside. There is also a window in the door. The bedrooms open onto a common area, which houses a counseling/supervisors' office as well as a separate room that was designed for tv viewing but which is no longer used for that purpose. The bathrooms contain three showers with curtains, sinks and toilets. There are seven classrooms, a library, a chapel, as well as a Multi-Purpose Room, and a gymnasium. A courtyard is also available for both Detention and Shelter children with a vegetable garden and outside recreation. The Detention Unit has a Dining Room with attached kitchen, where the different units eat at separate times.

There is a separate medical unit with private areas for examination and an Intake Area with a drive in sally port. There is a control room with video monitors, manned round the clock by security officers. Both exterior and interior doors are buzzed open by security. There is a key override. The original design of the building had a control room in each unit, but they are not in use.

The Shelter Pod is non-secure, meaning that the children cannot be locked in their rooms or onto the unit, and self-contained with a dining room and a separate intake area and separate classrooms. There is both a girls' and boys' residential unit of 12 beds each. They are identical with a staff office, an interview room, and a dining room. The rooms have built in beds, a small narrow window and a door with a window. These rooms open onto a common area. There is a bathroom on each unit with toilets, sinks and three shower stalls with curtains.

An additional Shelter unit is used for the PULSE Weekend Program and has large comfortable furniture, bean bags, and is decorated to allow for group counseling and other group activities. It has the same configuration as both Shelter and Detention, with 12 single rooms with built in beds and a separate shower/bathroom that open onto a communal living space. The residents are court ordered into this program as part of their probationary disposition. This program includes, groups such as goal setting, community service, and there is a family piece as well.

The Evening Reporting Center also uses this program space, but on Monday through Thursdays. Residents are picked up at home or school by program staff and eat a snack and dinner at the center. They do homework, some groups, such as the evidenced based curriculum: Thinking for a Change and Aggression Replacement Therapy and some Family Work. This is a coed diversionary program. The program space has doubled with the utilization of former office space. Shelter residents can and do participate in ERC evening programming, including groups.

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	4
<b>Number of standards met:</b>	39
<b>Number of standards not met:</b>	0

The number of standards that have been exceeded: (4) #313, #333, #351, #381

The number of standards that have been met: (39)

The number of standards that have not been met: (0)

The following standards have been exceeded:

Standard #313 Monitoring and Supervision:

Random unannounced rounds are conducted on all three shifts by a shift supervisor. These rounds are required by policy and are documented. Upper level management also conduct rounds on all three shifts on a monthly basis as required by the PREA Zero Tolerance Policy. I interviewed three administrators who conduct these rounds. Documentation of these rounds are submitted to the Director who then copies a video recording of the round as part of the record. The logs and a video recording were reviewed during the onsite portion of the Audit.

Ratio was exceeded in both Shelter and Detention, both on the schedule and as observed during the tour. Pa. DHS requires 1:6, and 1:12 in Detention and 1:8, 1:16 in Shelter. There were no deviations from ratio. In several cases during the two days onsite, I observed a ratio of one on one. Cameras have been added since the last Audit to capture different angles in the program spaces. Cameras are actively monitored in the control room. There is now remote viewing capability by the administrators on their desk top computers.

Standard #333 Resident Education:

All residents receive education immediately at Intake. They initial each important point of the education, along with a staff person, on the PREA checklist, such as how to report, who to report to, and zero tolerance. Within 10 days, but usually 72 hours, more thorough education is conducted, one on one, by the Caseworker and this information is signed off on as well. Once a month on second shift, staff conduct a PREA refresher training that all residents must attend and they subsequently take a test. The residents also receive a brochure at Intake and there are posters throughout the facility. The interviews of the residents corroborate the above information. One resident in Shelter, who had been interviewed,

stated she had received education several times, because of her length of stay. A review of her file showed she had taken and passed the monthly test 15 times.

There are MP3 players for residents who need audio education due to a disability. Spanish and English posters and brochures are available as is a translation service.

#### Standard #351 Resident Reporting:

Residents can report in writing, verbally, anonymously and through third parties. There is a "hotline" to the Lancaster YWCA, a PCAR, who accepts reports. There are phones on the living units and pencil and paper available as seen on the tour. There is a grievance form and procedure given to each resident. There are PREA boxes and grievance boxes in several areas of the facility that are checked daily by a Caseworker. The residents have private and confidential access to attorneys, parents, guardians, probation officers and children and youth caseworkers through phone calls and visiting. Shelter residents sometimes attend school in the community or can have home visits. Interviews with random residents showed that they were aware of these reporting avenues. Most of them stated they could tell staff or a parent, but all knew of the "hotline" and the PREA boxes. The staff that were interviewed all knew of the various ways both they and the residents could report. The residents are advised of these avenues at Intake and again during their monthly PREA refresher education. There are reporting posters in Spanish and English throughout the facility. Every possible avenue has been afforded for reporting, so this standard has been exceeded.

#### #381 Medical and Mental Health Care:

Residents have a VAI conducted within 72 hours of Admission. All residents, including those who disclose a prior victimization and those that are identified as perpetrators, receive a physical within 72 hours of Admission. All new admissions are offered pregnancy testing and sexually transmitted disease testing as part of the Admission physical. They can also see a psychologist and/or psychiatrist through Prime Care for medication evaluations and other psychiatric needs. An Adolescent Therapist has been added to the LCYIC staff since the last Audit and she meets with every new resident within 24-48 hours of admission to do an assessment and offers them her counseling services.

Prior to the 45 day Interim report, requested documentation, including a training certificate for the Adolescent Therapist, an amendment to the PREA Policy requiring retaliation monitoring documentation and additional completed VAIs with appropriate scoring were submitted to the Auditor and reviewed. All policy and procedure is in place and all standards have been met. This facility is fully PREA compliant effective 12-3-19.

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:  Pre-Audit Questionnaire  Lancaster County Youth Intervention Center Zero Tolerance Policy  Lancaster County Youth Intervention Center Organizational Chart</p> <p>Interviews Conducted:  Lancaster County PREA Coordinator: County Solicitor  Lancaster County Youth Intervention Center PREA Manager: Director of the LCYIC</p> <p>The review of the policy and the organizational chart and the interviews of both the PREA Coordinator and PREA Manager show that both have sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart confirms that they have the authority within the organization to ensure compliance. The Agency, Lancaster County, has an agency wide PREA Coordinator. The PREA Managers at the Detention Center/Shelter and the County Jail report to her for PREA Matters. She is the Lancaster County Solicitor, an appointed position and she reports to the County Commissioners. During the last two Audits, the Assistant County Solicitor was the PREA Manager and participated in the Audit. She has since left that position and a new Assistant County Solicitor has just been hired and will take over the PREA Coordinator responsibilities. In the interim, the County Solicitor is the PREA Coordinator. She was interviewed on 10-21-19 at the Youth Intervention Center and states she has enough time for her PREA duties. She states that she interacts with the PREA Manager when there is an incident, to discuss response and any changes that are needed to prevent future occurrences. She also receives and reviews the Annual Report prepared by the the PREA Manager.</p> <p>The PREA Manager describes his PREA responsibilities as working with his administrative team to ensure compliance. He states that he does have enough time for his PREA related responsibilities. He is the Director of the facility and reports to the County Commissioners. This was the third Audit of this facility and the coordination, training, and implementation are in practice and part of the culture.</p> <p>The PREA Zero Tolerance Policy was provided to and reviewed during the pre-audit period. One revision was completed during the onsite portion of the Audit. The Policy describes detection, prevention, reporting and response and includes definitions of prohibited behaviors, discipline for engaging in such and implementation strategies and response to reduce and prevent sexual abuse and harassment.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Lancaster County Youth Center does not contract with any other agencies/facilities for the care of its residents. This standard does not apply.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Pa. Department of Human Services Licensing and Inspection Summaries for Shelter and Detention</p> <p>LCYIC POLICY #209, Staffing, Scheduling and Breaks</p> <p>Posted Staff Schedules</p> <p>PREA Zero Tolerance Policy</p> <p>PREA Manager Annual Review of Staffing</p> <p>Logs of Unannounced Rounds</p> <p>Video of a third shift round</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>Facility Director/PREA Manager</p> <p>Shelter Director</p> <p>Program Coordinator</p> <p>Shelter and Detention Staff and Residents during tour</p> <p>The review of the Zero Tolerance Policy, LCYIC policies and the above documentation show compliance with staffing, supervision, and ratio. The policy takes into account all eleven of the criteria in the standard. There have been no instances of not meeting ratio and this is confirmed by interview and by review of the most recent Pa. Department of Human Services Licensing and Inspection Summaries. DHS inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident.</p> <p>I reviewed documentation of yearly review of staffing by the PREA Coordinator and PREA Manager. The PREA Coordinator reviews staffing yearly or would review if there was an incident. The PREA Manager/Director states that staffing is reviewed daily to ensure one on one supervision and other resident needs are met. He personally reviews staffing because he enters staff attendance for payroll purposes on a weekly basis and now has a live video on his desk top monitor. The supervisors also write up a daily "shift report" that includes absenteeism, that the Director reviews.</p> <p>The ratio that is required by the Pa. 3800 Child Care regulations is 1:6 , 1:12 for Detention and 1:8, 1:16 for Shelter and the Weekend PULSE program. The scheduled staff to child ratio always exceeds the requirements.</p> <p>I was provided current staff schedules with more than the required ratio. I also requested and received random staff schedules for each program during the pre Audit time period. The Schedules are completed at least two weeks in advance and sent to staff. There are also posted in the facility and I saw them posted during the tour. The Shelter schedule is completed by the Shelter Supervisor, the Pulse Program Director completes the schedules for PULSE and the Training Coordinator completes the Detention schedule.</p> <p>The use of voluntary and if needed mandatory overtime provides for any emergency staffing. Part time staff are regularly used to provide one on one supervision that may be required or</p>



for additional staffing due to programming. There have been no deviations from the staffing ratio. The Director states that he has even filled in working midnight shifts when needed. Video surveillance is used to supplement the supervision of the residents. The cameras are manned round the clock by non-direct care staff and have an approximately 30 day recording capability. Administration now has the capability to view live video of the Units on their desktop monitors. The Director states that if a resident is on Unit confinement, he always monitors that via video from his desk.

During the tour and while on-site, I saw residents supervised on the unit for "unit confinement" as well as in the dining room and classrooms. There were two residents on Unit Confinement on 10-12-19, during the tour and two staff assigned to the Unit. On 10-22-19, I conducted some resident interviews on the Unit and there were four residents and two staff. During lunch on 10-21-19, I observed nine boys in the cafeteria, with 5 staff, not including the 3 teachers who were also eating lunch. There was only one female in Detention and she was one on one for the entire onsite, both in the classroom, dining room and living unit.

In Shelter, three residents went out to school everyday. I observed three Shelter girls with three staff in the library while on the tour. The 7 Shelter boys were in a classroom with two staff and a teacher.

In both programs, male staff work on male units and female staff work on female units.

I was provided with logs of random unannounced rounds conducted on all three shifts. I also viewed the log book while on site as well as a recording of a UAR conducted by the Shelter Director on a midnight shift. I interviewed the Shelter Director, Facility Director and Program Coordinator regarding the rounds. All three stated they conduct them, document them and never tell anyone when they are going to conduct them. The Program Coordinator states that the Facility Director assigns each Administrator a month. They must conduct a random round on all three shifts during that month and advise the Director by email when they conducted them. He records this on a log and then uploads the corresponding video recording as additional documentation of that round. He states that each Administrator ends up being assigned two months a year. During the tour I asked both staff and residents if they saw Administrators conducting these rounds and they responded that they did.

This standard has been exceeded. There is no need for corrective action.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Lancaster County Youth Intervention Center Zero Tolerance Policy</p> <p>LCYIC Policy #314 Emergency Search and Seizure Procedures</p> <p>LCYIC Policy #111 Shower Guidelines - Detention</p> <p>LCYIC Policy #111 Shower Guidelines- Shelter</p> <p>LCYIC Policy #402 Participant Wakeup Shower Procedures</p> <p>LCYIC Gender Variant Search Preference Form</p> <p>Staff Training Curriculum</p> <p>Staff Training Logs</p> <p>Interviews:</p> <p>12 Random staff from Detention and Shelter</p> <p>10 Random residents, male and female from Detention and Shelter</p> <p>The Lancaster County Youth Intervention Zero Tolerance Policy contains the necessary requirements for this standard. It along with the LCYIC policy prohibits any kind of cross gender search including cross gender pat down searches. The policy also prohibits the search or physical examination of a Transgender or Intersex resident for the sole purpose of determining that resident's genital status. There have been no cross gender searches of any kind. Staff state they do not conduct them and even in an emergency they believe that a same sex staff would conduct a pat down search. Residents state that they have never been subject to a cross gender pat down search. All staff have received training regarding the search of a Transgender or Intersex resident in a respectful and dignified manner.</p> <p>Although there are discrete housing units and same sex staff work on the units, staff and residents both state that staff practice "knock and announce" when entering a housing unit that houses residents of the opposite gender. Both staff and residents could demonstrate this for me. I saw posters at the door of every unit and I saw "knock and announce" practiced during the tour.</p> <p>Residents state that they shower three at a time, unless there is a restriction that prohibits that. Same sex staff conduct showers. Shower procedure, including placement of staff was demonstrated for me during the tour. I saw the designation "shower alone" for a resident in on a housing sheet. Transgender or Intersex residents would shower alone according to policy and interviews. All residents can shower, toilet, change clothes and perform bodily functions without being viewed by staff of the opposite sex according to interviews of both staff and residents.</p> <p>There are no cameras in the resident rooms or in the bathrooms, where they have an expectation of privacy.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Pre-Audit Questionnaire  Lancaster County Youth Intervention Center Zero Tolerance Policy  Resident Intake Brochure in Spanish and English  Resident PREA Brochure in Spanish and English  Resident Educational Curriculum in Spanish, English and Audio File</p> <p>Interviews Conducted:  Director of LCYIC  Twelve Random Staff  Two residents with intellectual disabilities</p> <p>During the Audit, there were no residents who were disabled or who were not English proficient. During the tour, I saw all postings in Spanish and English. There are Spanish speaking staff. There is a resource called "Language Line" that is used by the Courts and the Detention Center for all languages. Staff stated that the use of a resident as a translator for reporting sexual abuse or sexual harassment is prohibited by policy and does not occur. The two residents with Intellectual impairments were in the Shelter Program. The one girl stated she had Learning Support in her home school but did not require any accommodations for PREA education. The other resident had a diagnosis of Autism . She too stated that she did not require any special accommodations. Both girls had IEPs ( Individual Education Plans). These plans are required by Pa. law and follow them from their home school to the education program at the Youth Center.</p> <p>The Director stated that all reasonable accommodations would be made for a resident with a disability. PREA Brochures in Spanish and English were uploaded and reviewed. There are mp3 players for those residents that are blind or cannot read with the resident education. There is the capacity, through the Educational program, for all residents with limited intellectual ability or physical disabilities to receive PREA Education.</p> <p>The PREA policy requires these accommodations.</p> <p>This standard has been met and there is no need for corrective action.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documentation Reviewed:</p> <p>Pre- Audit Questionnaire</p> <p>Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Pa. Department of Human Services Licensing and Inspection Summaries for Detention and Shelter</p> <p>Pa. Child Protective Services Law</p> <p>Lancaster County Youth Intervention Center Zero Tolerance Policy</p> <p>Lancaster County Human Resources Policy</p> <p>Files of 8 staff including four who had been recently hired.</p> <p>File of two Contractors</p> <p>Interviews:</p> <p>Business Administrator</p> <p>The Lancaster County Youth Center Zero Tolerance Policy and the Lancaster County Human Resources Policy require Criminal History Checks, FBI clearances, and Child Abuse Checks for employees and contractors prior to employment. The policies require a continuing affirmative duty to report prohibited conduct and this applies to anyone seeking a promotion within Lancaster County departments.</p> <p>The Pa. Child Protective Services Law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection as well as contractors and volunteers. A percentage of random employee files are inspected by Pa. DHS as well. There have been no citations for non-compliance in this area.</p> <p>I checked the files of 8 staff, including four who had most recently been hired and two contractors and all had the required clearances. There were no promotions during this time period.</p> <p>The policy and the interview with the HR staff state that a Criminal History check of all employees will be conducted every two years by the Youth Center and that staff must provide the LCYIC with a Child Abuse Clearance and FBI Clearance every three years. This policy went into effect in 2014, when LCYIC became PREA compliant. The Pa. CPSL and the PREA standards require 5 year re-checks, so the LCYIC policy is more stringent. There were three staff out of the eight files reviewed that required additional clearances according to the above timeline and they were in the files.</p> <p>This standard has been met. There is no need for corrective action</p>

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Pre-Audit Questionnaire  Schematic of Facility</p> <p>Interviews:  Facility Director</p> <p>There have been no changes, additions, or renovations to the physical plant since the last PREA Audit. In 2018, 13 additional cameras were added to enhance supervision, security and safety. A schematic of the facility with the placement of these additional cameras was uploaded. They are primarily in the common areas in Shelter to capture all angles. Remote viewing capability was also added so that supervisors can view live feed while working at their desks in the Administrative Area. I also observed new larger monitors in the control room. This standard has been met. There is no need for corrective action.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Zero Tolerance Policy  Pre-Audit Questionnaire  MOU with Lancaster General Hospital  MOU with Lancaster YWCA (a PCAR)  MOU with the Lancaster County Detectives and the Lancaster City Police</p> <p>Interviews:  PREA Manager/Director  Youth Center Nurse  12 Random Staff  Phone Interview with Director of the Lancaster YWCA (a member of the Pa. Coalition Against Rape, PCAR) prior to onsite</p> <p>The PREA Zero Tolerance Policy contains all necessary provisions to meet this standard. MOUs are in place for the hospital, Lancaster General, to provide forensic medical exams with a SAFE/SANE. Investigations are conducted by the Lancaster County Detectives, and/or the Lancaster City Police and their responsibilities are outlined in the MOU.</p> <p>The Lancaster YWCA, a member of the Pennsylvania Coalition Against Rape (PCAR), provides a victim advocate to provide crisis intervention, emotional support, information and referrals. I spoke to the Director of the YWCA on 9-26-19, prior to the onsite portion of the Audit by telephone and she confirmed the services stated in the MOU. She stated that a Victim Advocate will always accompany a resident for a forensic exam. She stated that the MOU is being updated for signature, because the former director of the YWCA has left the Agency. The Nurse confirmed the use of SAFE/SANEs at Lancaster Hospital.</p> <p>All MOUs are in place for the necessary services to be offered for a resident outside of the Youth Center.</p> <p>The twelve random staff who were interviewed knew their first responder duties, including the protection of DNA evidence and the crime scene.</p> <p>There were no residents to interview who reported a sexual abuse. There have been no incidents of sexual abuse or sexual harassment in the past 12 months.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Zero Tolerance Policy  Pre-Audit Questionnaire  Pennsylvania Child Protective Services Law  Lancaster County Youth Intervention Center website  MOU with the Lancaster County Detectives and the Lancaster City Police</p> <p>Interviews:  Director/PREA Manager</p> <p>There have been no allegations of Sexual Abuse or Sexual Harassment in the past 12 months.</p> <p>I interviewed the Director/PREA Manager and reviewed the PREA Policy and the MOU with the Lancaster County Detectives and Lancaster City Police, who would respond to a 911 call or if the County Detectives were unavailable. All policies and procedures required by both PREA and the Pa. Child Protective Services Law are in place. The Director states that all incidents are reported and documented. I also verified that the website includes the fact that all allegations are reported to the Lancaster County Detectives and Pa. Child Line and that the Lancaster County Youth Intervention Center does not investigate any allegation but reports all of them. The contact information for the Detectives, Pa. Child Line and LCYIC is on the website.</p> <p>This standard has been met. There is no need for corrective action</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Lancaster County Youth Intervention Center PREA Policy</p> <p>Lancaster County Youth Intervention Center PREA Curriculum for Employees</p> <p>Pa. Dept. of Human Services 3800 Child Care Regulations</p> <p>Post test to demonstrate comprehension of curriculum</p> <p>Certificates of Training completion for all employees</p> <p>Logs of employee training</p> <p>Eight Random employee files</p> <p>Interviews:</p> <p>Twelve Random Staff</p> <p>I reviewed the PREA Zero Tolerance Policy which requires all staff to receive PREA Training. Existing staff received it when PREA was first implemented in 2014 and any staff who were hired after that date receive this training during orientation. The staff receive training every year and it includes the NIC online training, "Keeping our Kids Safe". I reviewed certificates of completion and comprehension for all staff from 2018. Staff take a post test, which was provided to me, and must score an 80% in order to receive a certificate. I reviewed 8 random staff files to ensure yearly training that is appropriate. All 8 files contained appropriate documentation. The training includes how to detect, prevent, report and respond to allegations of sexual abuse and sexual harassment according to the agencies policies and procedures. The twelve random staff who were interviewed were able to candidly discuss their training which included signs and symptoms of sexual harassment victims, the dynamics of sexual abuse in a confinement setting, how to avoid inappropriate interactions with residents, how to interact with all residents in a respectful and professional manner including those who may identify as LGBTI.</p> <p>All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations and they were able to discuss their mandated reporter responsibilities as well as their first responder responsibilities.</p> <p>The training contains all provisions and the review of files showed all staff receive it and the interviews demonstrate that staff understand it.</p> <p>This standard has been met and there is no need for corrective action.</p>



115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Lancaster County Youth Intervention Zero Tolerance Policy</p> <p>Lancaster County Youth Intervention Center Policy #300 Lobby Security Guidelines</p> <p>PREA Brochure for Volunteers</p> <p>PREA Professional Visitor Acknowledgement Form</p> <p>PREA Volunteer Acknowledgement Form</p> <p>Training Logs</p> <p>Files of 2 Volunteers</p> <p>Files of two Contracted Employees</p> <p>Interviews:</p> <p>Four Contracted Employees</p> <p>Four Volunteers (one interview by telephone)</p> <p>I interviewed four Volunteers: a Creative Writing Teacher, two teen parenting volunteers and an Art therapist by telephone. I interviewed four contracted employees, two Prime Care Nurses and two Lancaster City School District Teachers. All were able to tell me that they received training and the extent of the training. The Nurse, because of her daily interaction receives the training that all employees receive, as well as the Prime Care Training for Medical Staff. These four contractors are also mandated reporters and receive mandated reporter training from their employers. I reviewed a nurse's file and saw the acknowledgement of training in it. I also reviewed a file for a Teacher from the Lancaster City School District. This file had acknowledgement of PREA training.</p> <p>The volunteer, who conducts creative writing, journaling, with both Detention and Shelter residents on a weekly basis, described the PREA literature he reviewed and signed off on and also the in person training for a group of volunteers that included a presentation and a question and answer section. His file also contained a signed acknowledgement of his training. The other volunteer file that I reviewed also contained signed acknowledgement of PREA training.</p> <p>The eight volunteers and contractors who were interviewed were able to tell me that they would report to an on-duty supervisor and/or the Director as well as Pa. Child Line as mandated reporters.</p> <p>During the tour of the facility on 10-21-19, I asked two of the contracted employees in the kitchen if they had received PREA training. One answered yes, and the other stated she had just started working there three weeks before and had not. Prior to the end of the onsite, the facility trainer educated this contracted kitchen employee and provided documentation of that training to me.</p> <p>There is a procedure where anyone who enters the building must sign in at the lobby. A contractor, or professional visitor receives a PREA brochure that describes the Youth Center's PREA compliance and Zero Tolerance Policy. The recipient of the brochure signs off acknowledging receipt and understanding of this policy. I saw these brochures and the sign in area during the facility tour.</p>

Logs provided show that all volunteers and contractors receive appropriate training.

This standard has been met. There is no need for corrective action

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Lancaster County Youth Intervention Center PREA Zero Tolerance Policy</p> <p>Pre-Audit Questionnaire</p> <p>Resident PREA Intake Brochures in Spanish and English</p> <p>Resident PREA Orientation Acknowledgement Forms</p> <p>Resident PREA Caseworker Acknowledgement Forms</p> <p>Monthly PREA Refresher Training for Residents</p> <p>Monthly PREA Refresher Training Resident Test</p> <p>Posters for Reporting and Education in Spanish and English</p> <p>Resident Education Logs</p> <p>13 Resident Files</p> <p>Interviews:</p> <p>Staff person who performs Intakes</p> <p>Caseworker who conducts 10 day education</p> <p>10 random residents</p> <p>Two Shelter Residents</p> <p>The Lancaster County Youth Center conducts initial education at Intake. All staff conduct Intakes and I interviewed one staff person who states that as part of the admission process, the resident while in the Intake area, is given a brochure and then the staff person verbally goes over a PREA Orientation checklist that both the staff and the resident initial. There are also reporting and zero tolerance posters in the Intake area where this education is being conducted, that I saw during the tour of the facility. This signed orientation checklist is placed in the resident's file. The PREA Zero tolerance policy requires this timely education and the Lancaster County Youth Intervention Intake policy dictates who will give this education and when.</p> <p>Within 10 days, but usually within 72 hours, the Caseworker conducts individual education with the resident that includes a video, a power point presentation and question and answer. Once again, the resident and staff initial each bullet point and this signed acknowledgement is placed in the resident files.</p> <p>Throughout the facility there are posters for reporting, zero tolerance, staff boundaries, what is sexual harassment, that are age and gender appropriate. Additionally on the first of each month on second shift, staff conduct PREA refresher education for all the residents. The residents take a test which demonstrates attendance and comprehension. I was provided with logs of this monthly education.</p> <p>I saw the logs of both Intake and ten day education. I reviewed the files of 13 residents, 11 active and 2 discharges from Shelter and Detention and all had the Intake and ten day education acknowledgement in their files. One girl in Shelter has 15 monthly PREA tests in her file because she had been at the facility for 15 months.</p> <p>I interviewed ten random residents from Shelter and Detention and all stated they received education when they first got here and that this education advised them they had a right to be free from sexual abuse and harassment, how to report, and that they could not be punished</p>

for reporting sexual abuse and harassment. One resident in Shelter stated she had received education several times, because of her length of stay and could recite the monthly PREA test answers by memory, which she proceeded to do. While Auditing another Agency within the past two months, a resident at another facility told me he knew all about PREA because he had been a resident at LCYIC and had taken the monthly tests.

There are MP3 players for residents who need audio education due to a disability. Spanish and English posters and brochures are available as is a translation service. I interviewed two residents with Intellectual Impairments. They both stated that they did not require any special accommodations for PREA education and in fact candidly discussed their PREA education. The one girl had a diagnosis of Autism and the other girl stated she had a learning disability. Both have Individual Education Plans (IEPs) that follow them from their home school to the educational program at the Youth Center.

Due to the individualized ten day education and documentation as well as the formalized continuing education and documentation, I feel this standard has been exceeded.

This standard has been exceeded. There is no need for corrective action

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All investigations are conducted by outside Agencies. Criminal Investigations are conducted by Lancaster City PD, with whom the facility has a MOU describing each agency's responsibilities. The PA. Department of Human Services conducts any Administrative investigations involving staff, volunteers or contractors. If criminal in nature they are turned over to law enforcement. The Lancaster County District Attorney's Office can also conduct investigations.</p> <p>By law, the facility cannot conduct an investigation prior to Pa. DHS or the police conducting their investigation. The facility may gather enough information to make a report and to implement a Safety Plan for the child.</p> <p>After the investigation is completed by Pa. DHS or the police, the facility can conduct an Administrative Investigation into the incident.</p> <p>This standard has been met and does not require corrective action.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Lancaster County Youth Intervention Center Employee Training Curriculum  Certificates of Completion of Employee Education  Certificates of Completion of NIC Medical Training  Certificate of NIC Training for Adolescent Therapist</p> <p>Interviews:  Two Nurses (Prime Care contracted Employee)  Adolescent Therapist</p> <p>This facility does not perform any forensic medical examinations. These are conducted at the Lancaster General Hospital and there is an MOU with the Hospital.  I interviewed two full time Nurses and I also interviewed the Adolescent Therapist. Both Nurses have completed the Prime Care PREA Training and have also completed the training for all staff at the LCYIC. Both state that they do not conduct forensic examinations and that they both have received training regarding the sexual abuse of juvenile victims. They both received training on the protection of forensic evidence. Both are mandated reporters and would report to their Prime Care Supervisor, the on-duty supervisor at LCYIC and to Child Line. They would both document any reports they received.  I received certificates of completion for the NIC PREA online course for all Prime Care contracted employees and I received certificates of completion for the full time nurses that they had received the same education as the Youth Center employees. All Medical and Mental Health staff are mandated reporters and receive Mandated reporter training every 2 years as required for their professional licenses.  The Adolescent Therapist received the all employee training and specialized training when she was an Caseworker for the Office of Children and Youth. She had not received the specialized PREA training that covers the information in the standard. Prior to the 45 day Interim report, the MH employee completed the NIC online specialized training for Medical and Mental Health employees. A certificate of completion was provided to me.  This standard has been met. There is no need for corrective action</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Lancaster County Youth Intervention Center PREA Zero Tolerance Policy</p> <p>Pre-Audit Questionnaire</p> <p>Vulnerability Assessment Instrument</p> <p>Completed Vulnerability Assessment Instruments for 13 Residents (11 Active, 2 discharges)</p> <p>Prime Care Vulnerability Assessment</p> <p>Example of a Six month VAI</p> <p>17 VAIs as part of the plan of correction</p> <p>Interviews:</p> <p>PREA Coordinator</p> <p>PREA Manager/Director</p> <p>Caseworker who completes Vulnerability Assessment for Shelter and Detention Residents</p> <p>PULSE Program Supervisor who completes VAI for PULSE weekend residents.</p> <p>The Vulnerability Assessment Instrument is a commonly used one that takes into account many variables including: age, physical size and appearance, physical or mental disabilities, prior victimization, charges, LGBTI identification, Mental illness, socialization issues, emotional issues, and the resident's own perception of vulnerability. The VAI form requires documentation for risk based housing consideration that includes: shower alone, assignment to rooms 3-7, one on one supervision or constant watch. This must be completed for anyone scoring Vulnerable to Sexual Victimization and/or Sexually Aggressive. Additionally if a child discloses a prior victimization or is a perpetrator, the staff conducting the VAI must record the offer of Medical and Mental Health follow up and the acceptance or declination on the form itself.</p> <p>The staff who administer the instrument: the caseworker for Detention and Shelter residents and the PULSE program supervisor for PULSE admissions take into account the Health and Safety Assessment that is conducted at Intake, the Intake interview, conversations with parents, probation officers and caseworkers, court reports and any other information that may accompany the child. They both use the VAI as a guideline and use a combination of developing a conversational rapport with the resident and asking direct questions. The PULSE Director states that she completes the VAI at the 40 hour mark , on the first Sunday so that the kids have an opportunity to get to know the staff.</p> <p>The CW for Detention and Shelter conducts PREA education for the residents and uses the education as a way to elicit information.</p> <p>All completed VAIs are kept separately by the staff completing them and the only persons with access are the medical and administrative staff. All pertinent necessary information is recorded in a housing log and emailed/faxed to medical staff. A discharged resident's VAI will go into their file that is kept in a locked area in the administrative offices.</p> <p>I reviewed the files of 13 residents (11 active and 2 discharges). The discharged files were chosen randomly from those admitted during the past 12 months. All had timely administration of the VAI. Two of the files had the VAI administered again at the 6 month mark. One Shelter girl had three VAIs in her file conducted at Intake, 6 months and 12 months.</p>

I interviewed 10 residents from both Shelter and Detention and all could state that 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 LCYIC.

Although all information was documented and available, I learned during the interview with the Caseworker that she was not using the information from other sources to score the VAI, unless it was reported to her by the child. She did incorporate the information into housing consideration and showering alone and I saw documentation of this on the VAIs.

During the onsite, the Shelter program had an Intake and the CW conducted the VAI using information from the Health and Safety Assessment to correctly score the VAI. This was provided to me. As part of the plan of correction, the CW will scan and send the completed VAIs of all admissions from the time of the onsite until the 45 day Interim report to ensure that scoring is being done properly and the information that is gathered is reflected in the score. The PULSE Director was scoring the objective instrument as required.

On 12-2-19, all VAIs conducted on the 17 new admissions from 10-22-19 through and including 12-2-19 was submitted to the Auditor. The VAIs showed that the Caseworker was utilizing all information to arrive at a valid score on the instrument. Five of the seventeen admissions had notes regarding information, where it came from and attempts to verify. This documentation is evidence that the instrument is being scored properly to ensure the sexual safety of all residents.

The documentation submitted satisfies the plan of correction.

This standard has been met. There is no need for further corrective action.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Zero Tolerance Policy  Pre-Audit Questionnaire  Pa. Department of Human Services 3800 Child Care Regulations  LCYIC Shower Policy  Vulnerability Assessments of 13 residents (10 active, 2 discharges)  Unit Housing Logs  VAI for a Sexually Aggressive Resident and a Sexually Vulnerable resident</p> <p>Interviews:  PREA Coordinator  PREA Manager/Director  Caseworker and PULSE Program Supervisor who conduct Risk Screenings  Two Residents identified as Bi-sexual</p> <p>Isolation is not practiced and is prohibited by both LCYIC Policy and by the Pa. Department of Human Services 3800 Child Care Regulations. I interviewed the above staff who state that any resident who is identified as either vulnerable or aggressive on the risk screening is considered for housing on a unit or in a room that would protect either that resident or the other residents. While on the tour, I saw units with younger residents and also rooms that are closer to the staff office and are within both eye and ear shot of staff. Both the units and the rooms are used for risk based housing. Residents go to school, programs and eat according to housing unit. I also saw the bathrooms that have three shower stalls with curtains. LCYIC policy calls for residents to shower three at a time, but also allows for residents to shower alone for several reasons, including an identification of Transgender or Intersex. The housing log uses abbreviations such as SA for shower alone. The staff state that there are 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 days and most probably weekly. The residents own views for their safety would be taken into account when making housing decisions as well as the safety and security of all the residents. A LGBTI resident is never identified as sexually aggressive based solely on their LGBTI status.</p> <p>I interviewed two residents who identified as bi-sexual. A third resident who identified as bi-sexual refused to be interviewed. The female resident from Detention, who identified as Bisexual states that she showers alone, which she prefers, and is not discriminated against in any way. I interviewed a resident from Shelter, a girl who identified as bi-sexual, and she stated she was not discriminated against in any way.</p> <p>I reviewed the housing logs and all three residents were placed in regular rooms on the sex appropriate unit.</p> <p>I reviewed the files of 13 residents (11 active and 2 discharges). All risk based housing recommendations are recorded on the instrument itself and communicated to the supervisor on duty who makes the room assignments and documents them on the housing log for Detention and Shelter residents. The PULSE Program supervisor makes the decision for those</p>



residents.

Of the 11 active resident files that I reviewed one of the Shelter residents was identified as Sexually Vulnerable and I saw a Shower Alone designation on his VAI and his housing sheet. All rooms are single rooms and in Detention, all residents are secured in their rooms at night. The policy contains all necessary verbiage and according to the interviews and the reviews of the housing logs is practiced.

This standard has been met and no corrective action is necessary

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Pre-Audit Questionnaire</p> <p>Lancaster County Youth Intervention Center PREA Zero Tolerance Policy</p> <p>Lancaster County Youth Intervention Center Policy, Policy 217 Grievance Policy</p> <p>LCYIC Telephone Policy</p> <p>LCYIC Visiting Policy</p> <p>Pa.Child Protective Services Law</p> <p>Pa. Bureau of Human Services 3800 Child Care Regulations</p> <p>Shelter Orientation Handbook</p> <p>Detention Orientation Handbook</p> <p>Resident Rights' Form</p> <p>PREA Brochure for Staff</p> <p>MOU with Lancaster YWCA</p> <p>Interviews:</p> <p>PREA Compliance Manager</p> <p>Director of the Lancaster County YWCA, a PCAR (by phone, prior to Audit)</p> <p>Twelve Random Staff</p> <p>Ten Random Residents</p> <p>I reviewed the PREA Zero Tolerance Policy and it 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 they document and report to Pa. Child Line and their supervisors immediately. All residents and staff interviewed were able to tell me at least two ways a report could be made and most were able to tell me many ways a report could be made including the PREA Dropbox, telling staff, grievance procedure, and sick call slip.</p> <p>The primary reporting mechanism is to an outside agency the Lancaster County YWCA, a member of the Pennsylvania Coalition Against Rape. There is an MOU with this agency and this "hotline" allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the onsite I did a telephone interview with the Director of the YWCA and she confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private "hotline" is located in the hearing room near the administrative area, but is also accessible through all phones on all units. The number is posted above the phones in both Spanish and English. I tried the phone on the Detention Unit, while on the facility tour, and spoke to a staff person from the YWCA.</p> <p>It worked as described. The residents call this "hotline" the "gray Phone". The phone system has changed since the last Audit and although the phone is no longer gray, both staff and residents call it the gray phone when referring to the hotline.</p> <p>The residents can also call Child Line and the staff as mandated reporters must do so. The Pa. Department of Human Services 3800 Child Care Regulations requires a Grievance Policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every child's file and is audited by PA. DHS during their</p>

annual licensing inspection.

Residents can also call home at least once a week and some residents can call home two times based on levels according to resident interviews. Residents can receive visits from parents and grandparents twice a week. If a resident has a child, special accommodations can be made for that child to visit. There were posters in the Units regarding Resident parent/child visitation.

Visits by Probation Officers, Caseworkers, Guardian ad Litem and Attorneys are not limited and residents confirm they receive them. The Director stated that on Mondays each child is given an opportunity to request a visit/phone call from lawyers, POs, CWs, etc. This is then emailed by the LCYIC staff to the appropriate parties. It is up to that individual to call or visit. While interviewing a Detention resident he stated that he wanted to contact his Public Defender and had not been able to do so. I relayed this request to the Detention Supervisor, who later advised me that he emailed that lawyer as required by LCYIC policy.

The PREA boxes are located in several areas of the facility in both Shelter and Detention and are checked by the Caseworker on a daily basis. There are tools, such as pencils and paper throughout the living units and in the classrooms for the residents to write letters, grievances or to report as observed during the tour.

During the tour, both a Detention resident and a Shelter resident were able to volunteer and spontaneously tell me about how to report.

All staff and residents were able to provide me with at least two avenues to report.

This standard has been exceeded and there is no need for corrective action

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Pre-Audit Questionnaire  Lancaster County Youth Intervention Center PREA Policy  Grievance Policy #217  Pa. Department of Human Services 3800 Child Care Regulations  Pa. Department of Human Services Annual Licensing and Inspection Summaries  Detention and Shelter Resident PREA Orientation  Detention and Shelter PREA Brochure  Grievance Form  Files of 13 residents (11 Active, 2 discharges)</p> <p>Interviews Conducted:  PREA Manager/Director</p> <p>There were no incidents of sexual abuse, sexual harassment or retaliation filed in the past 12 months. No grievances by residents or third parties were filed alleging sexual abuse, harassment or retaliation. The Policy requires 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 timeline for the resolution of the grievance is 7 days according to the policy and within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.</p> <p>The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parent/guardian. Pa. DHS, during their annual licensing inspection, inspects resident files for this signed acknowledgement by both parent and resident. I reviewed 13 resident files and all contained notification of the grievance process. Additionally the most recent Licensing and Inspection Summaries did not contain any citations for not notifying of the grievance process.</p> <p>The grievance process was not mentioned as often as the "hotline" or "telling a staff" by either residents or staff interviewed, but there are grievance boxes, forms and documentation of notification of the grievance policy.</p> <p>This standard has been met and does not require any corrective action.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> <li>Pre-Audit Questionnaire</li> <li>Lancaster County Youth Intervention Center PREA Policy</li> <li>Visiting Policy</li> <li>Telephone Policy</li> <li>Resident PREA Orientation</li> <li>Resident Caseworker PREA Education</li> <li>Resident Monthly Refresher PREA Education</li> <li>Resident PREA Brochures</li> <li>Spanish and English Posters</li> <li>Resident Handbooks</li> <li>MOU with Lancaster YWCA</li> </ul> <p>Interviews:</p> <ul style="list-style-type: none"> <li>PREA Coordinator</li> <li>PREA Manager/Director</li> <li>Ten Random residents</li> <li>YWCA Director (by phone prior to onsite)</li> </ul> <p>The PREA Policy outlines that the Youth Center will provide residents with access to confidential emotional support services through the Lancaster County YWCA, a member of the Pennsylvania Coalition Against Rape. Posters in both Spanish and English, are posted throughout the facility, with the name, phone number and address for this service. The Resident handbooks and the education that they receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access these services.</p> <p>The Facility Director described the MOU with the Lancaster YWCA, a member of the Pa. Coalition Against Rape (PCAR) and the services that they offer. The MOU was reviewed and I spoke to the Director of the Victim Advocacy Program at the YWCA on 9-26-19 by telephone prior to the Audit to confirm the services offered in the MOU.</p> <p>The residents who were interviewed in both Shelter and Detention state that they can make and receive phone calls. All stated that they can make a phone call to parents or guardians at least once a week, but depending on their level, they can make two or three calls. Visiting by parents/grandparents/guardians is twice a week. Some shelter residents also receive home visits or community outings with parents. Other Shelter resident attend school in the community and are picked up and returned by the School District each day. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient. The residents that were interviewed state that they usually see the Public Defender before Court. One Detention resident stated that he had a private attorney who he spoke to and has seen several times. Another Detention resident stated he had not seen his attorney and wished to. This information was passed on to the Detention Supervisor.</p>

The Director states that each Monday the facility distributes a "call list" and the resident signs up if they want to speak to their PO, PD, OCY worke,r etc and the facility emails this list to that County Department.

All 10 residents who were interviewed were able to tell me that there are outside services offered for sexual abuse but two of the ten residents were unable to tell me about the services offered through the YWCA. I directed them to the poster in the visiting room we were in and they were able to discuss this. This information is also provided to them at Intake and at other times during their stay. I saw in their files that they had initialed that they had received this information.

This standard has been met and requires no corrective action

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Pre-Audit Questionnaire Lancaster County Youth Intervention Center PREA Policy PREA Professional Visitor Acknowledgment Form PREA Volunteer Acknowledgement PREA Brochure for Volunteers PREA sign in Lobby Lancaster County Youth Intervention Center website</p> <p>The policy requires Third party reporting avenues. This information on how to report is publicly disseminated by the Youth Center via the website, which was verified and it is also posted on the bulletin board in the front lobby entrance with a PREA drop box underneath it for parents and visitors who do not have Internet access. I saw both the bulletin board and the PREA drop box on both days when I entered the facility to sign in and do the Audit.</p> <p>This standard has been met and requires no corrective action.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pa. Child Protective Services Law  Youth Center Training Logs  Pa. Department of Human Services 3800 Child Care Regulations  Youth Center Child Line Notification Procedure for Detention, Shelter and the PULSE Program</p> <p>Interviews:  Director/PREA Manager  Twelve Random Staff  Two Nurses  Adolescent Therapist</p> <p>There have been no incidents or reports of sexual abuse or sexual harassment in the past twelve months. The PREA policy as well as the Pennsylvania Child Protective Services Act requires that all staff immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as required by the Pa. 3800 Child Care Regulations. All staff interviewed knew that they must report to Pa. Child Line under penalty of Law. The two Medical staff and the Adolescent Therapist who were interviewed are also mandated reporters. They stated during their interviews that they report to Pa. Child Line, their supervisor, and also the Youth Center Supervisor on Duty. Residents sign a consent prior to the onset of services, but the Medical and MH staff would still have to report, even if the consent was not given, because they are mandated.</p> <p>Although there have been no reports or allegations, the Director states that the PA. 3800 regulations require a report within 24 hours, documenting notification of the parent, guardian, probation officer, caseworker and court. The Director states that if there is an attorney of record they would also be notified and if there was a court order prohibiting a parent from notification they would contact a guardian.</p> <p>Although this has not been done for a sexual abuse report, it has been done for other types of incidents and this evidences practice.</p> <p>This standard has been met and there is no need for corrective action</p>

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Zero Tolerance policy  Pre-Audit Questionnaire</p> <p>Interviews:  Director  Twelve Random staff</p> <p>There have been no incidents in the past twelve months where a resident was at substantial risk of imminent sexual abuse.</p> <p>All staff that were interviewed stated that they would separate the victim from the perpetrator by moving a room or a Unit for either the victim or the perpetrator. In the case of staff they would be restricted from contact with that child via a Safety Plan. They all stated that they would take these actions immediately.</p> <p>After reviewing the policy and interviewing the 12 random staff and the Director, I believe that any report of imminent sexual abuse would be handled immediately and properly as outlined in the policy and required by the Standard.</p> <p>This standard has been met. There is no corrective action necessary.</p>



115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Lancaster County Youth Intervention Center PREA Policy Pa. Child Protective Services Law</p> <p>Interview: Director</p> <p>There have been no incidents that have required reports within the past twelve months. The policy clearly states that if a resident reports a sexual abuse that occurred at another facility to a Lancaster County Youth Center staff person, it will be reported to Child Line and documented. The Director will notify the Director at the facility where the alleged abuse occurred and will document that notification. This will occur within 24 hours according to the LCYIC policy.</p> <p>If a report is made to LCYIC, from another facility, it will be reported to the Director, who will contact Child Line, the Lancaster County Detectives, and will document within 24 hours of receiving the report. All other parties, parents, guardians, POs,, caseworkers, will also be notified within 24 hours.</p> <p>This standard has been met. There is no need for corrective action.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Lancaster County Youth Intervention Center PREA Policy Pre-Audit Questionnaire</p> <p>Interviews: Twelve Random Staff</p> <p>There have been no incidents in the past twelve months that have required first responder actions. The policy contains the following first responder duties: Seek assistance, Separate the victims, Secure the Scene, Report to your Supervisor and Document and contact Medical Department. This is contained in the staff training curriculum.</p> <p>When interviewed, the twelve random staff were able to discuss their first responder duties although they have not had to use them. One staff person stated that the PREA Policy book is in the supervisor's office in case you become overwhelmed and forget, so that you can refer to it. I saw this Policy manual in that office during the tour.</p> <p>The policy also contains the provision that if a first responder is not a child care staff, they are to protect the scene and immediately notify a child care staff.</p> <p>This standard has been met. There is no need for corrective action</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Lancaster County Youth Intervention Center PREA policy</p> <p>Interviews: Director</p> <p>There have been no incidents in the past twelve months that have required the use of the Coordinated Response, which is described in the Zero tolerance policy. The Director stated during his interview that although not utilized for a report of sexual abuse, it is and has been used for other types of incidents, demonstrating that the policy is in practice.</p> <p>This standard has been met. There is no need for corrective action</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Pa. Child Protective Services Law  AFSCME Union Contract, effective 1-1-2019</p> <p>Interviews:  Director</p> <p>Effective January 1, 2019, a Union contract with AFSCME and only the Detention staff at LCYIC went in to effect. This is an addendum to the Lancaster County Jail Contract with the Union that already had PREA language in it. This contract was uploaded and reviewed. It contains the appropriate verbiage that does not restrict the facility from removing a staff from contact with a victim.</p> <p>The PREA policy states that there is nothing that prohibits the facility from removing the offender from contact with the residents during a sexual abuse investigation.</p> <p>An interview with the Director shows that any time there is an allegation, a plan of safety for the specific resident and all the residents is put in place and this always includes removing the staff person from contact with the resident or residents, depending upon the allegation. This is required by the Pa. CPSL.</p> <p>This standard has been met. There is no corrective action that is needed.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Lancaster County Youth Intervention Center PREA Policy</p> <p>Interviews: Director</p> <p>There have been no incidents that have required monitoring for retaliation. The LCYIC PREA policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The staff person charged with monitoring retaliation at LCYIC is the Director. He states that he would separate the residents by placing them on different units in Detention, where they have that flexibility, and separate by room in Shelter. A staff person would be "out of the building" for the duration of the investigation. The residents would also be placed on "keep away" status which would ensure separation during school, programming, and meals. He also would do a status check weekly if needed and would do so for length of stay, which may be shorter than or exceed the 90 day requirement in policy.</p> <p>He monitors behavioral changes in residents, including acting out and would touch base with the supervisor.</p> <p>He would monitor staff work performance to see if there was a dip. In the case of staff, he would probably include the Human Resources Department.</p> <p>He stated that anytime there is a report of sexual abuse, whether it is resident on resident or staff on resident, the 3800 regulations require a safety plan 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 child's room, unit, or program.</p> <p>Although there has been no incident in the past 12 months, I asked the Director, if he documented his monitoring efforts in the past. He stated that his documentation did not specifically mention retaliation. Prior to the end of the onsite portion of the Audit, the policy was amended to include specific documentation of retaliation monitoring using a retaliation monitoring log. This policy amendment was provided to the Auditor. The policy contains all necessary language for this standard.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed: Lancaster County Youth Intervention Center PREA Policy</p> <p>Interviews: Director</p> <p>This standard does not apply. There is no use of isolation. Isolation is prohibited by the Pa. Department of Human Services 3800 Child Care Regulations.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  MOU with the Lancaster County Detectives  Pa. Child Protective Services Law</p> <p>Interviews:  PREA Coordinator  PREA Manager/Director</p> <p>There have been no sexual abuse or sexual harassment reports within the past twelve months. The PREA Policy contains all necessary verbiage and provisions, however most of the sub-standards are the jurisdiction of the investigating agency, the Lancaster County Detectives, with whom the facility has an MOU. The facility has no investigators. The facility does not conduct any criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. Both the PREA Coordinator and the PREA Manager/Director state that they have a very cooperative relationship with the Lancaster County Detectives and would receive information regarding the status of the investigation or they could request it.</p> <p>The facility would gather enough information to report and to institute a safety plan as required by the Pa. 3800 child care regulations and the LCYIC Coordinated Response and would conduct an incident review after the investigation was completed. By law, the facility reports all reports, even if the victim has recanted or if an employee has left employment. All reports, whether by a resident or staff are reported. All reports, even if a staff person is no longer employed at the facility are reported.</p> <p>The policy meets the standard and no corrective action is needed.</p>

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire</p> <p>The Standard of Proof is in the LCYIC policy, however, this facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit QQuestionnaire  Pa. Department of Human Services 3800 Child Care Regulations</p> <p>Interviews:  Director</p> <p>The PREA Policy requires the facility to notify the resident and the parent/guardian of the status of the report and who is conducting the investigation. The required Safety Plan, under the Pa. 3800 Child Care regulations describes how the victim and other residents will be kept separate from the staff alleged to have committed the abuse. The Director 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.</p> <p>Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved the facility would notify the resident and parent/guardian and would document the notification.</p> <p>Although there have been no incidents to demonstrate compliance, I feel that the policy and the interview confirm that the standard would be met.</p> <p>This standard has been met. There is no corrective action needed.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Pa. Child Protective Services Law</p> <p>There have been no incidents within the past twelve months that have required staff discipline for sexual abuse or sexual harassment or for violation of the Zero Tolerance Policy. The PREA Zero Tolerance policy contains all provisions, including discipline commensurate with the nature and severity of the incident. Termination is the presumptive discipline for a founded Child Abuse. A staff person may have no contact with children if they have a indicated or founded Child Abuse report. All acts that are criminal in nature are reported, even if a staff person resigns or is no longer employed. This standard has been met and needs no corrective action.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Pa. Child Protective Services Law</p> <p>Interviews:  Director</p> <p>There have been no incidents of this nature in the past twelve months. Both the LCYIC PREA Policy and the Pa CPSL prohibit contact with residents if a contractor or volunteer has a founded or indicated child abuse or if their is an ongoing investigation. The Director states that he would prohibit a volunteer or contractor from entering the facility if they violated the facility zero tolerance policy. If the incident rose to a criminal level, it would be reported to Pa. Child Line and law enforcement. The Director states he would also contact the contractor or volunteer's agency. If the violation did not require a report to law enforcement, the contractor or volunteer could be counseled regarding a "boundary issue" and monitored. The policy and the interview confirm that this standard is met. No corrective action is needed</p>



115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Pa. Child Protective Services Law  Pa. Department of Human Services 3800 Child Care regulations</p> <p>Interviews:  Director  Two Prime Care Nurses  Adolescent Therapist</p> <p>There have been no incidents of resident discipline for violation of the Zero Tolerance Policy in the past twelve months.</p> <p>The PREA Policy requires a formal disciplinary process for any child in violation of the agency's zero tolerance policy. The facility prohibits any sexual activity between residents or between residents and staff. The Pa. Department of Human Services 3800 Child Care regulations prohibits sexual activity between residents, however if it is consensual, it is not reported as sexual abuse, but is still reported as a violation of the regulations. Any report made by a resident in good faith cannot be disciplined according to PREA Policy and the Pa. CPSL.</p> <p>The PREA policy prohibits discipline of a resident for sexual activity with a staff person, unless the staff person did not consent.</p> <p>The Director states that the only sanctions for violation of the zero tolerance policy are reduction in level and unit confinement. Isolation is prohibited by regulation. No other discipline is allowed according to the Director and age, mental illness or disability would be taken into account on a case by case basis for all residents. He states that based upon the resident and the aforementioned circumstances, unit confinement would look a little different.</p> <p>Both the Nurses and the Adolescent Therapist state that counseling would be offered to both the victim and the perpetrator, but it is voluntary and a resident would not be prohibited from program or educational participation.</p> <p>This standard has been met. There is no corrective action needed.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:</p> <p>Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  Vulnerability Assessment Instrument  Secondary Medical Documentation kept electronically  Files of 13 residents (11 active, 2 discharges)  VAIs of 3 PULSE Program residents  Adolescent Therapist Log</p> <p>Interviews:</p> <p>Caseworker who administers Risk Assessment  PULSE Program Director who administers VAI  Two Nurses  Adolescent Therapist  Two Residents who disclosed Prior Sexual Abuse</p> <p>The policy requires Medical or Mental health follow up within 14 days of disclosure for any resident who discloses a prior sexual abuse. The policy also requires a mental health follow up by a Mental health professional for any resident who has previously perpetrated a sexual abuse. The practice requires the Caseworker who administers the risk assessment to notify Medical of the need for a follow up. She does this by either emailing or faxing a request. This serves as documentation of both the request and the timeline. If a resident refuses, there is a signed declination on the Risk Assessment. The PULSE Program Director showed me examples of tho female residents who disclosed a Prior victimization and were offered Medical and/or Mental Health follow up. One girl refused and it was documented on the VAI and one girl accepted and saw a Prime Care Tele-psychiatrist the next weekend. She also showed me documentation of a resident identified as a perpetrator who was offered a MH follow up during his VAI and declined. It was documented on the VAI. These were weekend program residents who are seen by a Nurse on the first Friday afternoon they enter the program.</p> <p>All Shelter and Detention Admissions receive a physical within 72 hours of admission and see the Adolescent Therapist within 24-48 hours of admission. In addition, any resident who discloses a Prior Victimization or is a prior perpetrator is offered Mental Health follow up with a Prime Care Psychologist or Psychiatrist (via tele-psychiatry). This referral acceptance or declination is documented on the VAI. During the onsite, a girl was admitted to Shelter and disclosed a prior victimization. I was provided with her VAI and saw her declination of Mental Health Services through Prime Care. When I interviewed her she stated that she was going to talk to the Adolescent Therapist at the Center.</p> <p>Four other residents disclosed a prior vicitimization. Two attend school outside of the facility and were not present during the Audit. A third resident, a Shelter girl, refused to be interviewed. I interviewed the other residenst who disclosed a prior victimization. One resident stated he had not been a victim, so I did not pursue further questioning. The other resident states she meets with the Adolescent Therapist. Her records show she also attends weekly therapy outside of the facility.</p>

A review of the 13 resident files, showed that of those that did not accept services there was a signed declination and the other were seen within 14 days.

The Nurse states that she coordinates both the Medical and Mental Health follow up through Prime Care. The Adolescent Therapist, who is a YC employee, states that she meets with every new Shelter and Detention Admission within 24-48 hours of admission and offers them her services. If they agree, she does a formal assessment. She provided logs of her meetings with admissions within this time period.

The practice of all residents being offered services with an adolescent therapist, and receiving a physical exceeds the standard. Interviews and documentation support this finding.

This standard has been exceeded. There is no corrective action needed

115.382	<p><b>Access to emergency medical and mental health services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire</p> <p>Interviews:  Two Nurses  Adolescent Therapist  Twelve Random Staff</p> <p>There have been no incidents that have required emergency medical services. The Policy requires that any resident who requires emergency services be taken to Lancaster General Hospital for a Forensic Medical Exam. There are SAFE/SANEs at this hospital. As part of the response, staff would first protect the resident and then immediately notify medical . Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement and on the policy. This would be done immediately and would be free of charge to the resident.</p> <p>All residents are offered STD testing and follow up and all female residents are offered pregnancy testing and related services required by law. These medical tests are offered to all residents during the admission physical and would be offered again if a resident was a victim. Although there have been no incidents that have required emergency services, the policy is in place and the medical staff are an integral part of the coordinated response. Both the Medical staff interviewed and the Random staff discussed emergency medical response during their interviews.</p> <p>This standard has been met and no corrective action is needed</p>
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115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire</p> <p>Interviews:  Two Nurses  Adolescent Therapist</p> <p>There were no incidents in the past twelve months, so there were no residents to interview or secondary documentation.</p> <p>The two Nurses who were interviewed both stated that the level of care that the residents receive is probably better than community level of care, because they coordinate the follow up and ensure that residents follow medical instructions. They prepare medical aftercare plans for any resident returning to the community or being discharged to another placement.</p> <p>If a female becomes pregnant as a result of an assault, she is offered pregnancy testing, STD testing and all pregnancy related services. This is free of charge to the resident whether she names the perpetrator or not.</p> <p>All residents are offered STD testing and all female residents are offered pregnancy testing. Any resident on resident offender will be assessed by the Adolescent Therapist between 24-48 hours of admission and offered follow up counseling while at the YC.</p> <p>This standard has been met and there is no need for corrective action</p>

115.386	<p><b>Sexual abuse incident reviews</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents Reviewed: Lancaster County Youth Intervention Center PREA Policy Pre-Audit Questionnaire</p> <p>Interviews: Director/PREA Manager Shelter Director who is a member of the Incident Review team</p> <p>There have been no incidents within the past twelve months that have required an incident review.</p> <p>The policy states that an incident review team will convene within 30 days of the completion of the investigation for any substantiated or founded allegation. The team is comprised of the Director/PREA Manager, Shelter Director, Trainer, Supervisor Detention/Shelter, YWCA PCAR representative and law enforcement representative with input from any other staff person involved. This team will look at any LGBTI identification, gang status or affiliation, other group dynamics, staffing, training, policy and will physically examine where it occurred. The team will complete a report with a recommendation which will be submitted to the PREA Coordinator and the County Commissioners. The recommendation would be followed or the reason for not doing so would be documented.</p> <p>Although there have been no incidents to review the Facility Director and the Shelter Director, who were interviewed state that this practice was followed for an incident that occurred in Shelter in 2017. A member of the YWCA staff, with whom the facility has an MOU to provide Victim Advocacy Services, participated in this SAIR. At that time a recommendation was made to install additional cameras to get a different angle view to prevent other incidents from occurring. This recommendation was followed. The camera was pointed out to me during the tour of the facility.</p> <p>This standard has been met. There is no need for corrective action.</p>
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115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Lancaster County Youth Intervention Center PREA Annual Report, 2018  Pre-Audit Questionnaire</p> <p>Interviews:  Director/PREA Manager</p> <p>There have been no incidents to compile data for, however the policy is in place that would require the collection of data that is utilized in the Annual report of Sexual Violence. It would be collected using information from reports and any other resources. The Director/PREA manager would collect this information and compile this report.</p> <p>The DOJ has requested information in the past, which has been provided, but not in 2018 or 2019.</p> <p>This standard has been met. There is no need for corrective action.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA Policy  Pre-Audit Questionnaire  LCYIC PREA Annual Report 2018  LCYIC website</p> <p>Interviews:  PREA Coordinator  Director/PREA Manager</p> <p>There have been no incidents where data can be collected , aggregated or reported. However there is an Annual PREA Report for 2018 posted on the website. The PREA Coordinator states she reviews the report that is written by the PREA Manager/Facility Director before it is finalized and posted to the website.</p> <p>The report compares data from year to year and will discuss the facilities efforts at prevention, detection,and response.</p> <p>All personal identifiers would be removed and noted. Anything that is confidential or privileged would also be redacted.</p> <p>The policy contains all required verbiage.</p> <p>This standard has been met. No corrective action is needed.</p>



<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents Reviewed:  Lancaster County Youth Intervention Center PREA policy  Pre-Audit Questionnaire  LCYIC Annual PREA Reports 2018  LCYIC website</p> <p>Interviews:  PREA Coordinator  Director/PREA Manager</p> <p>Although there have been no incidents, there is a policy which dictates what data and what reports will be posted publicly and that all personal identifiers will be redacted. The LCYIC website contains the Annual PREA Report for 2018. It contains the PREA Audit from 2016. The policy states that all records will be retained for ten years. The Director securely keeps all data.  This standard has been met. There is no need for corrective action.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	ok

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Lancaster County Youth Intervention Center has a website with a PREA page. It is a very comprehensive PREA page which contains all Annual reports since PREA's inception; the most recent being 2018. The PREA Final Audit reports from 2014 and 2016 are both posted. The Audit notification posting for this 2019 Audit was also posted on the website.</p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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

115.311 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	na

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 OR the response to 115.312(a)-1 is "NO".)	na

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na

115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	yes
	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes

115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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

115.313 (e)	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	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

115.315 (a)	<b>Limits to cross-gender viewing and searches</b>	
	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

115.315 (b)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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
	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
	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
	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
	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.)	no
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	Does the agency ensure that written materials are provided in formats or	yes



	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

115.317 (a)	<b>Hiring and promotion decisions</b>	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	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

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, 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

<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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. )	na

115.321 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.321 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	na

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication 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))</p>	yes



115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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?	no

115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	Volunteer and contractor training	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</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

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</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
	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
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.334 (b)</b>	<b>Specialized training: Investigations</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).)	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).)	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).)	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).)	na

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	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?	yes
	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?	yes
	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?	yes
	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?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</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.)	no

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	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?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes



115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	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

115.342 (a)	<b>Placement of residents</b>	
	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
	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
	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
	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
	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

115.342 (b)	Placement of residents	
	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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	no
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	no
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	no
	Do residents also have access to other programs and work opportunities to the extent possible?	no

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	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
	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

115.342 (e)	Placement of residents	
	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

115.342 (f)	Placement of residents	
	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

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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?	no

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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

<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring an 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

115.352 (c)	Exhaustion of administrative remedies	
	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
	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

115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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

115.352 (e)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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

115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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

115.352 (g)	Exhaustion of administrative remedies	
	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



115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</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

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

115.361 (c)	Staff and agency reporting duties	
	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

115.361 (d)	Staff and agency reporting duties	
	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
	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

115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	no

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	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
	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
	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
	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

115.364 (b)	Staff first responder duties	
	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

115.365 (a)	Coordinated response	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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

<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes

115.367 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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?	no

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	na

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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?	no

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no



<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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?	no

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity 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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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?	no

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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

115.373 (d)	Reporting to residents	
	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
	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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	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

115.376 (d)	<b>Disciplinary sanctions for staff</b>	
	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
	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

115.377 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	<b>Corrective action for contractors and volunteers</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

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</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
	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?	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?	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?	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?	no

115.378 (c)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

115.378 (d)	<b>Interventions and disciplinary sanctions for residents</b>	
	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
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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



<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

<b>115.387 (e)</b>	<b>Data collection</b>	
	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.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na

115.388 (a)	<b>Data review for corrective action</b>	
	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
	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
	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

115.388 (b)	<b>Data review for corrective action</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

115.388 (c)	<b>Data review for corrective action</b>	
	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

115.388 (d)	<b>Data review for corrective action</b>	
	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

115.389 (a)	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<p>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 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, there has never been a Final Audit Report issued.)</p>	yes