

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: 11/20/2022

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"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 11/20/2022

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	10/17/2022
End Date of On-Site Audit:	10/18/2022

FACILITY INFORMATION	
Facility name:	Lancaster County Youth Intervention Center
Facility physical address:	235 Circle Ave, Lancaster, Pennsylvania - 17602
Facility mailing address:	235 Circle Avenue, Lancaster, Pennsylvania - 17602

Primary Contact	
Name:	Drew Fredericks
Email Address:	frederid@co.lancaster.pa.us
Telephone Number:	7172093325

Superintendent/Director/Administrator	
Name:	Drew Fredericks
Email Address:	frederid@co.lancaster.pa.us
Telephone Number:	7172093325

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

Facility Health Service Administrator On-Site	
Name:	Monica Howard
Email Address:	mwalton@primecaremedical.com
Telephone Number:	717-209-3346

Facility Characteristics	
Designed facility capacity:	96
Current population of facility:	30
Average daily population for the past 12 months:	19
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	10-18
Facility security levels/resident custody levels:	secure
Number of staff currently employed at the facility who may have contact with residents:	72
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20
Number of volunteers who have contact with residents, currently authorized to enter the facility:	100

AGENCY INFORMATION	
Name of agency:	Lancaster County Board of Managers
Governing authority or parent agency (if applicable):	
Physical Address:	235 Circle Avenue, Lancaster, Pennsylvania - 17602
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Kathleen Morrison	Email Address:	kamorrison@co.lancaster.pa.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.331 - Employee training • 115.354 - Third-party reporting
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-17
2. End date of the onsite portion of the audit:	2022-10-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	This auditor was able to interview a representative from the YWCA of Lancaster. This agency provides advocacy services, and LCYIC has a signed Memorandum of Understanding with this agency.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	96
15. Average daily population for the past 12 months:	21
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	32
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	24
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	6
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	15
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>There were 32 residents residing in the facility during the on-site portion of this audit (26 male residents and 6 female residents). There were four residents residing in Pod 1A, two residents residing in Pod 1B, six residents residing in Pod 2A, six residents in Pod 2B, eight residents in Pod 6A, and six residents in Pod 6B. Pods 1A, 1B, 2A, and 2B house residents in the Detention Program while Pods 6A and 6B house residents in the Shelter Program (Pods 1A, 2A, 2B, and 6A house male residents and Pods 1B and 6B house female residents). This auditor reviewed resident files, interviewed the Facility Director, residents, and staff during the on-site portion of this audit to determine there was 24 residents who had a cognitive disability, one resident who was limited English proficient, six residents who identified as lesbian, gay, or bisexual, one resident who identified as transgender, and 15 residents who disclosed prior sexual victimization during the risk screening. There were no residents residing at the facility who had a physical disability, was deaf or hard-of-hearing, was visually impaired, or made any allegation of sexual abuse during the on-site portion of this audit.</p> <p>This auditor was able to interview five targeted residents during the on-site portion of this audit (one resident who was diagnosed with a cognitive disability, one resident who was limited English proficient, one resident who identified as lesbian, gay, or bisexual, one resident who identified as transgender, and one resident who disclosed prior victimization during the risk screening).</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	70

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	100
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	20
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>There were 70 staff employed at LCYIC as of the first day of this audit. In addition, there were approximately 100 volunteers and 20 contracted staff approved to enter the facility and have contact with residents as of the first day of this audit (October 17, 2022). Contracted staff approved to enter LCYIC include medical staff from PrimeCare Medical and teachers from the Lancaster School District. Volunteers include members of a local church group, interns from Millersville University, and trained professionals who provide art therapy and music therapy.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>10 of the 32 residents (31% of the population) residing at the facility were interviewed in a private and confidential area. Ages of the residents interviewed ranged from 13 years old to 17 years old. This auditor interviewed five female residents and five male residents residing at the facility. Residents from each Pod were interviewed (one resident from Pod 1A, two residents from Pod 1B, one resident from Pod 2A, one resident from Pod 2B, two residents from Pod 6A, and three residents from Pod 6B). Length of time at the facility of the residents interviewed ranged from 19 days to nine months.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>10 of the 32 residents residing at the facility were interviewed by this auditor during the on-site portion of this audit. 31% of the population was interviewed. Five female residents and five male residents were interviewed. Of the ten resident interviews, five of the residents interviewed were from the Detention Program and five of the residents were from the Shelter Program.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who had a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who were Deaf or hard-of-hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at the facility who reported sexual abuse. There were no allegations of sexual abuse at this facility during the past 12 months.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents residing at this facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Regulations in residential programs. During the tour of the facility, this auditor did not view any areas a resident can be isolated.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview five targeted residents (one resident who was diagnosed with a cognitive disability, one resident who was limited English proficient, one resident who identified as lesbian, gay, or bisexual, one resident who identified as transgender, and one resident who reported prior sexual victimization on the risk screening) during the on-site portion of this audit. There were no residents residing at the facility who met the other sampling areas to interview. This was confirmed by interviewing the Facility Director, staff, and residents at the facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster to confirm this.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>This auditor interviewed 12 randomly selected staff during the on-site portion of this audit. Staff interviewed years of experience ranged from five months to 20 years. Staff from all three shifts were interviewed (five staff from first shift, five staff from second shift, and two staff from third shift). In addition, 11 of the staff interviewed were Youth Care Workers and one of the staff was a Youth Care Supervisor.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>This auditor interviewed the Agency Head designee, Agency PREA Coordinator, Facility Director, one investigative staff responsible for conducting administrative investigations, one staff (Case Manager) who conducts risk assessments, two intake staff, two first responders, two administrative staff who complete Unannounced Rounds, one contracted medical staff, one mental health practitioner, one staff who monitors retaliation, two members of the Sexual Abuse Incident Review Team, two contracted staff (one medical staff from PrimeCare and one contracted food services staff), and the Business Administrator at the facility (Human Resources).</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the on-site portion of the audit (10/17/2022), this auditor completed a detailed tour of the facility which took approximately two hours. This auditor was accompanied by the Facility Director, Shelter Program Director, PULSE Program Director, and a Case Manager during the tour. All areas of the facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout the facility, including in the lobby, on bulletin boards in each living unit, visiting area, school, and dining area. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses to the YWCA of Lancaster 24-hour hotline.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor reviewed ten resident files from the past 12 months for documentation verifying PREA education and risk assessments were completed. This auditor also reviewed ten direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the LCYIC PREA Policy. This auditor requested and was provided training records/certificates for all specialized staff (contracted medical staff and a mental health practitioner) employed at the facility.</p> <p>In regard to contractors, this auditor reviewed the randomly selected contractor files to confirm each contractor approved to enter the facility had a background check completed. This auditor also reviewed signed acknowledgement forms to confirm contractors and volunteers received PREA education prior to having contact with any residents in the facility.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse at LCYIC during the past 12 months. Therefore, there were no sexual abuse investigation files to review.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment at LCYIC during the past 12 months. Therefore, there were no sexual harassment investigation files to be reviewed.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no allegations of sexual abuse or sexual harassment at LCYIC during the past 12 months. Therefore, there were no sexual abuse or sexual harassment investigation files to be reviewed.</p>
<p>SUPPORT STAFF INFORMATION</p>	
<p>DOJ-certified PREA Auditors Support Staff</p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<ul style="list-style-type: none"><input checked="" type="radio"/> The audited facility or its parent agency<input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)<input type="radio"/> Other
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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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1485 533">(a) Lancaster County Youth Intervention Center (LCYIC) has a zero-tolerance policy (PREA Policy) concerning sexual abuse and sexual harassment of LCYIC youth and is committed to the prevention and elimination of sexual abuse and sexual harassment within the facility through compliance with the Prison Rape Elimination Act of 2003. LCYIC is committed to the equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and sexual harassment and forms the foundation for the facility’s training efforts with residents, staff, volunteers, and contractors.</p> <p data-bbox="242 562 1437 656">(b) LCYIC PREA Policy states “PREA Coordinator: The Assistant County Solicitor will serve as the agency wide PREA Coordinator. The PREA Coordinator is responsible for developing, implementing, and overseeing the County’s efforts to comply with the PREA Standards in all of its facilities.”</p> <p data-bbox="242 685 1477 1014">LCYIC has a designated Agency PREA Coordinator, and she has direct access to the Agency Head. Her official title is Assistant County Solicitor and Agency PREA Coordinator. The facility Organizational Chart is included in the Organizational Structure, Chain of Command, Description of Services Policy and was reviewed by this auditor and confirmed the Agency PREA Coordinator’s position and noted she has direct access to the Agency Head for PREA related issues (Organizational Chart was revised on March 25, 2022). She is knowledgeable of the PREA standards, and she stated she is committed to PREA and in implementing PREA at LCYIC. The Agency PREA Coordinator also reported that she has the support needed and sufficient time to develop, implement, and oversee Lancaster County’s efforts towards PREA compliance in all the county’s facilities and to fulfill her PREA responsibilities. She stated that she oversees two county facilities (LCYIC and Lancaster County Prison) and meets the Facility PREA Compliance Managers on a regular basis to review PREA policies, procedures, and trainings. The Agency PREA Coordinator was interviewed by this auditor on October 18, 2022.</p> <p data-bbox="242 1043 1469 1137">(c) LCYIC PREA Policy states “PREA Compliance Manager: The Director of the Youth Intervention Center (hereinafter, the “Director”) will serve as the facility’s PREA Compliance Manager and will be responsible for coordinating all of the Youth Intervention Center’s efforts to comply with the PREA standards.”</p> <p data-bbox="242 1167 1490 1395">LCYIC has a designated PREA Compliance Manager. His official title is Facility Director and PREA Compliance Manager. The Facility PREA Compliance Manager has served in this role since the implementation of PREA and is knowledgeable of the PREA standards. This is his fourth PREA audit as the Facility PREA Compliance Manager. He was interviewed by this auditor during the on-site portion of this audit on October 18, 2022, and stated he has sufficient time and authority to develop, implement, and oversee LCYIC’s efforts to comply with the PREA standards. It was also noted that the Facility Director heads a PREA team at the facility that meets several times per year to discuss training review policy and procedures that are related to PREA.</p> <p data-bbox="242 1424 756 1453">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1505 1139 1635" style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Organizational Structure, Chain of Command, Description of Services Policy 3. LCYIC Organizational Chart (Revised March 25, 2022) 4. LCYIC PREA Pre-Audit Questionnaire <p data-bbox="242 1664 352 1693">Interviews:</p> <ol data-bbox="277 1744 810 1803" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility PREA Compliance Manager

115.312	Contracting with other entities for the confinement of residents
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 453 237">Auditor Discussion</p> <p data-bbox="240 271 1485 331">(a – b) LCYIC PREA Policy states “The Youth Intervention Center does not contract with any other entities for the placement of residents.”</p> <p data-bbox="240 360 1481 456">LCYIC does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during interviews with the Agency PREA Coordinator and Facility Director. As a result of LCYIC not contracting for the confinement of its residents with other private agencies/entities, there were no contracts for this auditor to review.</p> <p data-bbox="240 486 756 515">Reviewed documentation to determine compliance:</p> <ul style="list-style-type: none"> <li data-bbox="277 564 512 593">1. LCYIC PREA Policy <p data-bbox="240 622 352 651">Interviews:</p> <ul style="list-style-type: none"> <li data-bbox="277 701 719 730">1. Interview with Agency PREA Coordinator <li data-bbox="277 734 608 763">2. Interview with Facility Director

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a) LCYIC PREA Policy states “The Youth Intervention Center will make all best efforts to comply with a regular staffing plan. In calculating adequate staffing levels and determining the need for video monitoring, the following factors will be taken into consideration:

1. The Pennsylvania Department of Human Service’s ‘Child Residential and Day Treatment Facilities’ licensing requirements, 55 Pa. Code 3800.1 et seq., which require that a security staff ratio of a minimum of 6:1 be maintained during waking hours, and 12:1 during sleeping hours when the residents are secured in their rooms;
2. Generally accepted detention, shelter, and alternative program practices;
3. Any judicial findings of inadequacy;
4. Any inadequacy findings from Federal investigative agencies;
5. Any inadequacy findings from internal or external oversight bodies;
6. All components of the physical plant;
7. The composition of the resident population;
8. The number and placement of supervisory staff;
9. Programs occurring on a particular shift;
10. Any applicable State or local laws, regulations or standards;
11. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
12. Any other factor that could impact the safety and security of the facility.”

There were 32 residents residing at LCYIC during the first day of this audit (four residents in Unit 1A, two residents in Unit 1B, six residents in Unit 2A, six residents in Unit 2B, eight residents in Unit 6B, and six residents in Unit 6B). The average daily population at the facility during the past 12 months has been 21.75 residents.

The annual Video Surveillance and Staffing Plan at LCYIC also addresses the facility staffing plan and staffing requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on July 5, 2022. The facility is currently budgeted for 109 direct care staff; 76 of those positions are currently filled and 33 of those positions are currently vacant.

LCYIC is equipped with 84 video surveillance cameras (71 indoor cameras and 13 outdoor cameras). There is a total of nine monitors in the Central Control Center which allows the cameras to be manned around the clock by staff assigned to the Central Control Center. In addition, the Facility Director has access to the video surveillance system on the computer in his office that can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Facility Director and administrative staff and retained on a flash drive. It was noted during an interview with the Facility Director that random video surveillance is reviewed on a regular basis by the administrative team at LCYIC.

(b) LCYIC PREA Policy states “All deviations from the staffing plan will be documented and justifications for deviations supplied.”

The Facility Director reported that there have been no deviations from the staffing plan during the past 12 months. He also reported that in the event administrative staff at LCYIC feel staffing ratios cannot be maintained during an upcoming shift, staff are offered and paid overtime to meet the ratios. An interview with the Facility Director revealed that staffing is monitored shift to shift by the supervisors on shift and that adjustments are made as needed to ensure the ratios are met. Staff schedules and resident rosters were also reviewed by this auditor and confirmed the facility is exceeding minimum ratios daily.

(c) LCYIC PREA Policy notes that the facility adheres to the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations. The Pennsylvania Department of Human Service’s “Child Residential and Day Treatment Facilities” licensing requirements, 55 Pa. Code 3800.1 et seq., require that a security staff ratio of a minimum of 6:1 be maintained during waking hours, and 12:1 during sleeping hours.”

The 2022 LCYIC Video Surveillance and Staffing Plan states the facility runs at a minimum of 1:6 staff to resident ratio during first shift (7:00am to 3:00pm) and second shift (3:00pm to 11:00pm) and a minimum of 1:12 staff to resident ratio during third shift (11:00pm to 7:00am). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of the facility that these ratios were being exceeded on a regular basis at the facility. During the on-site portion of this audit, there were a total of 32 residents residing at the facility (four residents in Unit 1A, two residents in Unit 1B, six residents in Unit 2A, six residents in Unit 2B, eight residents in Unit 6B, and six residents in Unit 6B). There was a minimum of two staff assigned to each living unit during each shift to ensure proper supervision of the residents.

(d) LCYIC PREA Policy states “The administration of the Youth Intervention Center, in consultation with the PREA Coordinator, will review the following on an annual basis, or more frequently as otherwise required, to determine whether adjustments are necessary:

1. The staffing plan established in the above policy section;
2. Prevailing staffing patterns;
3. The deployment of video monitoring systems and other monitoring technologies; and
4. The resources available to ensure commitment to the staffing plan.”

A review of the LCYIC Video Surveillance and Staffing Plan confirmed this plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on July 5, 2022. The Video Surveillance and Staffing Plan is also reviewed and approved by the Agency PREA Coordinator and Facility Director.

(e) LCYIC PREA Policy states “The Youth Intervention Center administrators and supervisors are required to conduct and document unannounced Unit rounds to identify and deter sexual abuse and harassment. These rounds must be conducted on all three working shifts. These rounds will occur at a minimum of two times per shift and will be documented on the “Supervisor Shift Log” located in the Detention/Shelter Supervisors’ Office. The Youth Intervention Center Administration will conduct unannounced Unit rounds during all three shifts on a monthly basis. These rounds will be documented on the “Admin. PREA Tours” document. Any staff that alert other staff members that these rounds are being conducted will be subjected to disciplinary action.”

A review of Unannounced Rounds Logs from 2021 and 2022, and staff interviews confirmed that Unannounced Rounds occur three times per month (once during first shift, once during second shift, and once during third shift). Unannounced Rounds are conducted by administrative staff at LCYIC. The Shelter Program Director and PULSE Program Director who complete Unannounced Rounds were interviewed and they were able to discuss how they complete the rounds, ensure minimum ratios are being met, and their inspections of the facility are completed. They both stated they obtain a radio from the Central Control Center, review video surveillance footage, and verbally notify the officers working in the Central Control Center not to notify any staff to ensure staff are not alerting each other that Unannounced Rounds are being conducted when Unannounced Rounds begin in the facility. In addition, both stated they also monitor radio transmissions and notify staff in the living units they visit not to notify other staff in the facility that Unannounced Rounds are being conducted. They both discussed how they make sure the rounds are random by selecting different times of the day/night and days of the week each month. This auditor was able to review the Unannounced Rounds Log with the Shelter Program Director and PULSE Program Director to confirm Unannounced Rounds are being completed during waking hours and sleeping hours (once during first, second, and third shifts) during the past 12 months.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC Staffing Schedules
3. LCYIC Resident Roster
4. 2022 LCYIC Video Surveillance and Staffing Plan
5. Unannounced Rounds Logs
6. Locations of Video Surveillance Cameras (inside and outside of the facility)
7. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interviews with Administrative Staff who complete Unannounced Rounds
3. Random Staff Interviews from all 3 Tours

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1477 365">(a) LCYIC PREA Policy prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. This policy states “Resident searches are only to be conducted by staff members of the same gender, without exception. Searches include unclothed, partially clothed and body cavity searches.”</p> <p data-bbox="240 394 1469 521">Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at LCYIC except in exigent circumstances. During interviews, all staff could describe what an exigent circumstance would be. During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by medical staff or non-medical staff at LCYIC.</p> <p data-bbox="240 551 1485 813">The Facility Director provided this auditor with a Transgender - Gender Variant Search Preference form that is used at LCYIC. This form is completed when a resident enters the facility and there is knowledge that the resident identifies as transgender or gender variant. The form asks the resident which gender staff they prefer to conduct a pat search on them when they are required to be searched. This completed form is kept in the resident’s file and staff at the facility are notified of the resident’s preferred staff to complete pat searches on them. There was one transgender resident admitted to LCYIC during the past 12 months. This auditor was provided with a completed Transgender - Gender Variant Search Preference form. This form noted the gender of the staff that the resident preferred to complete pat searches on the resident while the resident is residing at the facility.</p> <p data-bbox="240 842 1078 869">(b) LCYIC PREA Policy states “Cross-gender pat down searches are not permitted.”</p> <p data-bbox="240 898 1493 992">Interviews with the Facility Director, medical staff, staff, and residents confirmed there have been no cross-gender pat searches of residents during the past 12 months at LCYIC. Staff interviewed understood what an exigent circumstance would be and that this is the only time they would be permitted to conduct a cross-gender pat search.</p> <p data-bbox="240 1021 1493 1149">(c) Staff interviewed reported in the event they would have to conduct a cross-gender pat search, they would notify the supervisor on shift and document the search on an “Unusual Incident Report”. The “Unusual Incident Report” would detail the search performed on the resident. Interviews with staff and residents confirmed there have been no cross-gender pat searches conducted at LCYIC during the past 12 months.</p> <p data-bbox="240 1178 1445 1272">(d) LCYIC PREA Policy states “Only staff of the same gender are permitted in the bathroom area while residents use the bathroom, shower, or change clothing. Any staff member that enters a Unit housing residents of the opposite gender is required to announce his or her presence in the area upon entry.”</p> <p data-bbox="240 1301 1485 1597">All residents and staff interviewed confirmed this policy is followed as only female staff are permitted to supervise showers/bathroom call in a female living unit and only male staff are permitted to supervise showers/bathroom call in a male living unit. All residents shower in showers with a shower curtain and all bathroom stalls have a privacy door. There are no cameras in the resident’s bedrooms or bathrooms. Male staff announce their presence upon entering the female living units by stating “male on the unit” and female staff announce their presence upon entering the male living units by stating “female on the unit” loud enough for the residents to hear. Signs are posted outside of the door of each living unit informing opposite gender staff to announce their presence upon entering the living unit. Interviews with staff and residents confirmed that both male staff and female staff announce their presence upon entering the living unit housing residents of the opposite gender as required by announcing “male on the unit” or “female on the unit” loud enough for residents to hear.</p> <p data-bbox="240 1626 1445 1720">(e) LCYIC PREA Policy states “Staff is strictly prohibited from conducting searches for the sole purpose of determining a resident’s genital status. Status should be determined through a residential interview or as part of the admission medical examination.”</p> <p data-bbox="240 1749 1485 1944">Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident. There was one transgender resident admitted into the facility during the past 12 months. This resident was residing at the facility during the on-site portion of this audit and confirmed that searches to determine a resident’s gender do not occur at LCYIC.</p> <p data-bbox="240 1973 1461 2067">According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past 12 months. This was confirmed during interviews with the Facility Director, staff, and residents during the on-site portion of this audit.</p> <p data-bbox="240 2096 1477 2123">(f) LCYIC PREA Policy states “Staff will be required to have annual training pertaining to the facility’s emergency search and</p>

seizure procedures as outlined in Youth Intervention Center Policy #314. This training will include training specific to searches of transgender and intersex residents.”

The staff training curriculum titled “Guidance on Cross Gender and Transgender Pat Searches” includes how to conduct cross gender pat searches and searches of transgender and intersex residents in a professional and respectful manner. All staff are required to complete this training upon hire and on an annual basis. Staff interviewed were able to describe this training and note key points from the training to this auditor during interviews. Training records noting all staff at the facility have completed this training were forwarded to this auditor for review to confirm compliance.

Reviewed documentation to confirm compliance:

1. LCYIC PREA Policy
2. Transgender - Gender Variant Search Preference Form
3. Cross Gender Announcement Posters
4. Guidance on Cross Gender and Transgender Pat Searches Training Curriculum
5. Staff Training Logs
6. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Random Staff Interviews
3. Random Resident Interviews

115.316 Residents with disabilities and residents who are limited English proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “The Youth Intervention Center will ensure that residents with physical and/or mental disabilities are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. Staff will assist in meeting this requirement by reading the facility’s PREA policy to vision impaired residents or allowing them to listen to the policy on the facility’s PREA mp3 player, located in the Detention Supervisor’s Office closet. Staff will provide PREA Refresher Training Program material to hearing impaired. Facility educators will also be available to instruct residents with learning disabilities.”

This auditor interviewed one cognitively disabled resident during the on-site portion of this audit. This resident confirmed his needs are met and an intake staff took the time to explain the material and answer any questions he had, and anytime he does not comprehend something, he knows he can seek assistance from a staff, and they will take the time to review the material he does not understand to ensure he is able to comprehend that material. During an interview with the Facility Director, he noted any disabled resident residing at the facility, receives an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse. It was noted while reviewing the resident roster and resident files with the Facility Director that 24 residents residing at the facility during the on-site portion of this audit had some sort of a cognitive disability (this included residents who were deemed Special Education for having a learning disability).

(b) LCYIC PREA Policy states “The Youth Intervention Center will ensure that residents who are limited English proficient are instructed on the facility’s efforts to prevent, detect, and respond to sexual abuse and harassment. The facility will meet this requirement by providing translated copies of the Youth Intervention Center’s orientation manual which addresses the PREA policy. These items are available on the facility’s PREA mp3 player, located in the Detention Supervisor’s Office closet. Bi-lingual staff can also be provided to assist residents when available.”

The LCYIC PREA Brochure “Sexual Assault Awareness and the Prison Rape Elimination Act” is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place. These posters are also in both English and Spanish.

Interpreters are also available through Language Line Services. An interpreter at Language Line Services can be reached at (877) 245-0386. This auditor was provided an overview of interpretation services that are available to residents who are limited English proficient at LCYIC as well as instructions that instruct supervisors at the facility how to reach an interpreter at Language Line Services. In addition, bilingual staff employed at the facility assist in interpreting for residents who are limited English proficient.

There was one limited English proficient resident residing at LCYIC during the on-site portion of this audit. This auditor interviewed this resident with the assistance of a staff interpreter. The resident interviewed confirmed bilingual staff at LCYIC assist him with anything he does not understand, and he was also aware of Language Line Services. It was also confirmed during an interview with the Facility Director and a review of resident files that there has been one limited English proficient resident admitted into the facility during the past 12 months (the resident is currently residing at LCYIC).

(c) LCYIC PREA Policy states “The Youth Intervention Center will not rely on resident interpreters, resident readers or other types of resident assistants to explain PREA policy and procedures to other residents.”

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during an interview with the Facility Director that there have been no circumstances during the past 12 months at LCYIC where resident interpreters, readers, or other types of resident assistants have been used. All staff interviewed understood there are interpreters and resources available for the residents through Language Line Services and bilingual staff at the facility. During the tour of the facility, this auditor noted the telephone number to Language Line Services is in the Central Control Center.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Language Line Services Pamphlet
3. Intake PREA Orientation (English)
4. Intake PREA Education (Spanish)
5. LCYIC PREA Youth Brochure (English)
6. LCYIC PREA Youth Brochure (Spanish)
7. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Random Staff Interviews
3. Interview with Cognitively Disabled Resident
4. Interview with Limited English Proficient Resident

115.317	Hiring and promotion decisions
	<p data-bbox="240 145 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1453 331">(a) LCYIC PREA Policy states “The Youth Intervention Center will not hire or promote anyone who may have contact with residents and will not enlist the services of a contractor who may have contact with residents, who:</p> <ol data-bbox="277 383 1474 510" style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program; 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; 3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.” <p data-bbox="240 539 1465 667">The practice of conducting background checks for all prospective employees prior to employment was confirmed during an interview with the Business Associate at LCYIC. The Business Associate is responsible for overseeing background checks for all prospective employees and contracted staff. This auditor reviewed ten randomly selected employee files to confirm compliance with this standard.</p> <p data-bbox="240 696 1449 790">(b) LCYIC PREA Policy states “The Youth Intervention Center will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or whether to enlist the services of any contractor who may have contact with residents. This information is obtained through background checks, reference checks, and criminal record checks.”</p> <p data-bbox="240 819 1460 913">This practice was confirmed during an interview with the Business Associate at LCYIC as well as a review of ten randomly selected employee files. In addition, it was noted that any staff who is hired at LCYIC is not permitted to work with the residents until all background checks are completed.</p> <p data-bbox="240 943 1465 1003">(c) LCYIC PREA Policy states “Any new hire at the Youth Intervention Center will be subjected to the following background checks and inquiries:</p> <p data-bbox="240 1032 1425 1093">A criminal background check through the PA Clean Network as required by the Department of Human Service’s §3800 regulations and Pennsylvania’s Child Protective Service Law;</p> <ol data-bbox="277 1144 1481 1377" style="list-style-type: none"> 1. A PA CY-113 Child Abuse Clearance that lists any substantiated allegations of child abuse; 2. All prior institutional employers will be contacted during reference checks. Any information pertaining to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse will be obtained consistent with Federal, State and local laws; 3. Any potential new hire will be questioned during the interview process about any past conduct of the type described in Section I(h)(i) of this Policy. All employees of the Youth Intervention Center have a continuing affirmative duty to disclose any such misconduct.” <p data-bbox="240 1406 1441 1666">During an interview with the Business Associate at LCYIC, she was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to work at the facility and/or have any contact with the residents. In addition, all prospective employees go through three different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Upon receiving these three clearances, a copy is placed in the employee personnel file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.</p> <p data-bbox="240 1695 1465 1792">The Facility Director also noted that upon a prospective staff being selected for a position, an initial background check is completed through the Pennsylvania Justice Network (JNET). This background check is completed prior to applications for background clearances from the FBI, Pennsylvania State Police, and Child Abuse Registry being filed.</p> <p data-bbox="240 1821 1477 1915">During the past 12 months, there were 13 staff hired at LCYIC who may have contact with residents. All randomly selected staff files contained the above-mentioned background information. This process was also confirmed during an interview with the Business Associate at the facility.</p> <p data-bbox="240 1944 1444 2038">(d) LCYIC PREA Policy states “Any new volunteer or contractor that has direct contact with residents will have a criminal record check conducted through the PA Clean Network and will be required to undergo a PA CY-113 Child Abuse Clearance.”</p> <p data-bbox="240 2067 1490 2128">All contractors are screened as noted in the above-mentioned policy as they are required to have the same three background checks staff must have completed prior to having contact with the residents at LCYIC. These background checks include the</p>

following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and a Child Abuse History Clearance. Initial criminal background checks are also completed by the Facility Director through the Pennsylvania Justice Network (JNET).

During the past 12 months, there were 20 contractors approved to enter LCYIC to have contact with the residents. This auditor requested and was provided background checks for randomly selected contractors approved to enter the facility to confirm compliance with this standard.

(e) LCYIC PREA Policy states "All employees requiring background checks will have new criminal background checks conducted every two years and Child Abuse Clearances conducted every three years on the anniversary of their hire/contract date."

The Business Associate at LCYIC was able to describe the process of completing background clearances on current employees every three years to ensure the facility is meeting the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations. This auditor was able to review ten randomly selected staff personnel files to confirm background checks are being completed when the employee is hired and every three years after the initial background checks are completed. All ten staff personnel files contained the appropriate background checks required in this standard.

(f) LCYIC PREA Policy states "Annual employee reviews or any internal interviews for vacant positions and/or promotions will include questions to see if the staff person being interviewed has engaged in any of the conduct described in Section (I)(H)(i) of this policy."

LCYIC requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from hire and or promotion. This was confirmed during interviews with the Facility Director and Business Associate. In addition, it was noted that all applicants are asked about previous misconduct on the application and during the interview process.

(g) LCYIC PREA Policy states "The County of Lancaster's Human Resources Department policies and procedures require employees to disclose any police contact or arrest. An employee must notify the Youth Intervention Center Director or his designee within twenty-four (24) hours of any such contact or he or she will be subject to the discipline pursuant to County policy. Material omissions regarding such misconduct or the provision of materially false information are grounds for termination."

LCYIC Recurring Employment Responsibilities Policy states "Employee warrants, arrests, agency investigations, criminal investigations or loss of professional accreditations/licenses/certifications, etc., shall be reported to the employee's immediate supervisor by the next business day after the employee has knowledge of the event."

This process noted in the LCYIC PREA Policy and LCYIC Recurring Employment Responsibilities was confirmed during an interview with the Business Associate as well as reviewing ten randomly selected employees background checks. The Lancaster County employment application allows prospective employees to disclose their criminal history prior to a background check being completed. This auditor was provided with a copy of the Lancaster County employment application to review and confirm compliance. In addition, any staff employed at the facility is required to notify their immediate supervisor of any investigations, warrants, or arrests within 24 hours of any such contact with law enforcement. This was also confirmed during an interview with the Business Associate at the facility.

(h) LCYIC PREA Policy states "The Youth Intervention Center will provide information on substantiated allegations of sexual abuse or harassment to any inquiring institutional employer conducting a reference or background check on a former employee unless prohibited by Federal, State or local law."

Interviews with the Facility Director and Business Associate confirmed that when requested, LCYIC does 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.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC Recurring Employment Responsibilities Policy
3. Pennsylvania Department of Human Services 3800 Child Care Regulations
4. Review of Randomly Selected Staff Background Checks
5. Review of Contractors Background Checks
6. Lancaster County Employment Application

Interviews:

1. Interview with Facility Director
2. Interview with Business Associate (Human Resources)

115.318	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1457 432">LCYIC PREA Policy states “The Youth Intervention Center makes use of the ‘Integrator’ building integration system. This system places video cameras in all areas populated by residents. These cameras are monitored twenty-four (24) hours a day, seven (7) days a week. Any modifications, upgrades, or expansions to the building or to the Integrator system will include consideration of the impact of such design, acquisition, expansion, or modification on the facility’s ability to protect residents from sexual abuse.”</p> <p data-bbox="242 463 1474 591">(a) LCYIC develops a Video Surveillance and Staffing Plan on an annual basis. Any expansion or modifications at LCYIC is noted on this Video Surveillance and Staffing Plan. The 2022 Video Surveillance and Staffing Plan was reviewed by this auditor prior to the on-site portion of this audit and was confirmed and reviewed with the Facility Director during an interview during the on-site portion of this audit.</p> <p data-bbox="242 620 1441 748">There has been no expansion or modifications at LCYIC since the last PREA Audit in 2019. During interviews with the Agency PREA Coordinator and Facility Director, it was confirmed that if there are any additional plans for expansion or modifications at the facility, the agency will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p data-bbox="242 777 1477 972">(b) The 2022 LCYIC Video Surveillance and Staffing Plan noted the video surveillance system was installed in 2002. There are currently 84 video surveillance cameras at LCYIC (71 indoor video surveillance cameras and 13 outdoor video surveillance cameras). An interview with the Facility Director confirmed the video surveillance system is inspected on a regular basis. The Facility Director also noted during his interview that the facility currently is in the process of upgrading the video surveillance system by replacing the analogue video surveillance cameras with Internet Protocol video surveillance cameras in the facility.</p> <p data-bbox="242 1001 756 1030">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1079 802 1176" style="list-style-type: none"> 1. LCYIC PREA Policy 2. 2022 LCYIC Video Surveillance and Staffing Plan 3. Tour of Facility <p data-bbox="242 1205 352 1234">Interviews:</p> <ol data-bbox="277 1283 719 1346" style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "All allegations of sexual abuse within the facility will be investigated by the Detectives Division of the Lancaster County District Attorney's Office and/or by the Lancaster City Police as fully outlined in the 'Memorandum of Understanding'."

The Lancaster County Detectives Unit conducts sexual abuse investigations in conjunction with the Pennsylvania Department of Human Services. LCYIC has a signed Memorandum of Understanding with the Lancaster County Detectives Unit.

This Memorandum of Understanding notes the Lancaster County Detectives Unit agrees to the following:

1. Coordinate the criminal investigation into allegations of sexual abuse in full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape.
2. Upon completion of an investigation, when deemed appropriate, the results of the investigation and suggestions for prevention of future incidents of sexual abuse will be discussed with the Youth Intervention Center.

This Memorandum of Understanding notes LCYIC agrees to the following:

1. The Youth Intervention Center will refer all sexual abuse investigations to the appropriate investigating agency. The Youth Invention Center will provide the investigating agency with any and all information received about the allegations.
2. The Youth Invention Center agrees to provide all necessary documentation or resource information to the investigating agency. In addition, the Youth Invention Center will provide training on the facility's PREA Policy.
3. The Youth Intervention Center agrees to maintain responsibility for informing alleged sexual abuse victims and their parents or guardians about the progress and outcome of any investigation. Said notifications will be made in coordination with law enforcement so as not to jeopardize any pending criminal investigations.

The Facility Director also asked the Lancaster County Detectives Unit to comply with all PREA investigative standards in a formal letter dated August 22, 2022. A representative from the Lancaster County Detectives Unit was contacted and stated that his agency would investigate any sexual abuse allegation at LCYIC, and all detectives have been trained in a uniform evidence protocol.

There were no allegations of sexual abuse at LCYIC during the past 12 months.

(b) All sexual abuse investigations at LCYIC which are criminal in nature are completed by the Lancaster County Detectives Unit in conjunction with the Pennsylvania Department of Human Services. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and a representative from the Lancaster County Detectives Unit. Sexual abuse allegations at LCYIC which are not criminal in nature are investigated by trained facility investigators. Three administrative staff (Facility Director, Shelter Program Director, and PULSE Program Director) at the facility completed the National Institute of Corrections training titled "PREA: Investigating Sexual Abuse in a Confinement Setting." Copies of these training certificates were forwarded to this auditor for review.

(c) LCYIC PREA Policy states "Any resident that is a victim of sexual abuse will be transported to the Lancaster General Hospital for a full medical examination. The examination will be performed by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) as directed by the treating physician. This examination will be provided without cost to the resident."

The Agency PREA Coordinator, Facility Director, and medical staff stated during their interviews that Lancaster General Hospital is where a resident would be transported for a forensic examination by a SAFE/SANE. LCYIC has a Memorandum of Understanding with Lancaster Gender Hospital that states "Lancaster General Hospital agrees to provide forensic medical examination to residents of the Youth Intervention Center that are alleged victims of sexual assault. The examinations will be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If a SAFE or SANE cannot be made available, the examinations can be performed by other qualified medical practitioners."

A representative from Lancaster General Hospital was contacted by this auditor and was able to confirm the details of the Memorandum of Understanding and protocol that would take place in the event a resident who was the victim of alleged sexual abuse was transported to their hospital.

In reviewing documentation, there were no incidents of sexual abuse at LCYIC during the past 12 months that involved

penetration and required a resident to be transported to Lancaster General Hospital for a forensic examination.

(d) LCYIC PREA Policy states “Any resident that is a victim of sexual abuse will be provided a victim advocate and advocacy services through YWCA of Lancaster.”

The Facility Director provided this auditor with a Memorandum of Understanding with the YWCA of Lancaster that states an advocate would be dispatched to the hospital to provide rape crisis counseling and advocacy services to the victim.

A representative from the YWCA of Lancaster was interviewed by this auditor and confirmed an advocate would respond to Lancaster General Hospital to provide rape crisis counseling, emotional support, and advocacy services to any victim of sexual abuse.

(e) LCYIC PREA Policy states “As requested by the victim, the victim advocate will accompany and support the victim through the forensic medical examination process and investigatory interviews. The victim advocate will also provide emotional support, crisis intervention information and referrals.”

LCYIC has a Memorandum of Understanding with the YWCA of Lancaster which states an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals. This auditor was provided a copy of the Memorandum of Understanding with the YWCA of Lancaster to review prior to the on-site portion of this audit. In addition, this auditor was able to interview a representative from the YWCA of Lancaster to confirm the services listed in the Memorandum of Understanding are available to any resident victim of sexual abuse at LCYIC.

(f) The Lancaster County Detectives Unit conducts sexual abuse investigations in conjunction with the Pennsylvania Department of Human Services. LCYIC has a Memorandum of Understanding with the Lancaster County Detectives Unit noting the Lancaster County Detectives Unit will comply with the PREA investigative standards. In addition, the Facility Director formally asked the Lancaster Detectives Unit to comply with the PREA investigative standards in a letter dated August 22, 2022. This auditor was provided with copies of the Memorandum of Understanding and the formal letter to the Lancaster County Detectives Unit to confirm compliance with this standard. An interview with a representative from the Lancaster County Detectives Unit confirmed his agency complies with all PREA investigative standards when completing an investigation at LCYIC. Any allegations of sexual abuse which are not criminal in nature are investigated by facility investigators. The Facility Director, Shelter Program Director, and PULSE Program Director are trained investigators at the facility.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Memorandum of Understanding with the Lancaster County Detectives Unit
3. Formal Letter to Lancaster County Detectives Unit (August 22, 2022)
4. Formal Letter to Lancaster City Bureau of Police (August 22, 2022)
5. Memorandum of Understanding with Lancaster General Hospital
6. Memorandum of Understanding with YWCA of Lancaster
7. Facility Investigators Training Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from Lancaster County Detectives Unit
4. Interview with Representative from Lancaster General Hospital
5. Interview with Representative from YWCA of Lancaster

115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy notes an investigation must be conducted and documented for any incident of sexual harassment or sexual abuse. All allegations must be reported to the Lancaster County Detectives Unit, and/or agency investigators for investigation.</p> <p>Interviews with the Agency PREA Coordinator, Facility Director, and staff at LCYIC confirmed all allegations are reported to the Lancaster County Detectives Unit and/or facility investigators for investigation. Facility investigators investigate all sexual harassment and sexual abuse allegations at the facility which are not criminal in nature while the Lancaster County Detectives Unit investigate all allegations of sexual harassment and sexual abuse which are criminal in nature at LCYIC.</p> <p>During the past 12 months, there were no allegations of sexual harassment or sexual abuse at LCYIC.</p> <p>(b) All allegations of sexual harassment and sexual abuse are reported to the Lancaster County Detectives Unit and/or facility investigators for investigation. Interviews with the Agency PREA Coordinator and Facility Director confirmed that during an open investigation, communication is maintained between LCYIC and the Lancaster County Detectives Unit through telephone calls, emails, and on-site visits. It was noted the Facility Director is the primary point of contact at the facility. An interview with a representative from the Lancaster County Detectives Unit also confirmed these statements.</p> <p>Information regarding the referral of allegations of sexual abuse and sexual harassment for investigation and other PREA related information is posted on the LCYIC website. PREA related information is also posted in the facility in each living unit, common areas, and visiting areas at the facility. These posters were observed by this auditor during the tour of the facility.</p> <p>All allegations of sexual harassment and sexual harassment at LCYIC are referred to the Lancaster County Detectives Unit and/or facility investigators immediately following the incident or learning of an incident. Any allegations of sexual harassment and sexual abuse are documented on an Unusual Incident Report. There were no allegations of sexual harassment or sexual abuse at LCYIC during the past 12 months.</p> <p>(c) LCYIC has a signed Memorandum of Understanding with the Lancaster County Detectives Unit. This Memorandum of Understanding notes the responsibilities of both the facility and the Lancaster County Detectives Unit during an investigation. In addition, the Facility Director has formally asked the Lancaster Detectives Unit to comply with PREA investigative standards. This was requested in a formal letter to the Lancaster County Detectives Unit requesting investigations be conducted in compliance with PREA standards. The letter was dated August 22, 2022, and a copy was provided to this auditor for review.</p> <p>A representative from the Lancaster County Detectives Unit was contacted and stated his agency would complete thorough investigations on any incident sexual harassment or sexual abuse and would send a detailed report to the Facility Director noting their findings, determinations, and recommendations at the completion of each investigation. The Agency PREA Coordinator and Facility Director noted that following the facility receiving an investigative report from the Lancaster County Detectives Unit indicating an Unsubstantiated or Substantiated determination regarding a sexual abuse investigation, a Sexual Abuse Incident Review is conducted by the Incident Review Team and documented by the Facility Director.</p> <p>During the past 12 months, there were no allegations of sexual harassment or sexual abuse at LCYIC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Memorandum of Understanding with Lancaster County Detectives Unit 3. Formal Letter to Lancaster County Detectives Unit (August 22, 2022) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Representative from Lancaster County Detectives Unit

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

(a) LCYIC PREA Policy states “The facility will train employees on all of the following:

1. The Youth Intervention Center’s zero tolerance policy for sexual abuse and sexual harassment;
2. The employees’ individual rights and responsibilities under this policy;
3. The residents’ rights to be free from sexual abuse and harassment;
4. The residents’ and employees’ rights to be free from retaliation for reporting incidents of sexual abuse and harassment;
5. The dynamics of sexual abuse and sexual harassment in juvenile facilities;
6. The common reactions of juvenile victims of sexual abuse and harassment;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with residents;
9. How to communicate effectively with residents, including residents who are lesbian, gay, bisexual, transgender, intersex (“LGBTI”), or gender non-conforming;
10. The Pennsylvania Child Protective Service Law and the employees’ responsibilities as mandated reporters.”

All employees at LCYIC receive an initial online training created by the National Institute of Corrections (PREA: Your Role in Responding to Sexual Abuse). They receive this training upon hire as it is part of the initial training curriculum. Staff are required to complete this online training on an annual basis. In addition, staff also receive refreshers throughout the year during staff meetings at LCYIC. These refreshers cover reviews of the LCYIC PREA Policy, changes to the policy, and PREA-related issues that may be observed at the facility.

All staff interviewed reported receiving the above-mentioned trainings/refreshers regarding PREA upon hire and on an annual basis. In addition, staff interviewed discussed receiving additional PREA refreshers during the year to review any policy changes or PREA-related issues that may be observed in the facility. Training logs were reviewed by this auditor and indicated all staff who may have contact with residents at LCYIC completed the trainings on an annual basis.

(b) LCYIC PREA Policy states “The Youth Intervention Center will provide PREA training to new employees and training for all existing employees annually. Training will be tailored to preventing and responding to sexual abuse and harassment of both genders since the facility serves both male and female residents.”

PREA trainings/refreshers are provided specific to the facility annually. LCYIC is a coed facility and houses both male and female residents; therefore, the trainings/refreshers are tailored to a coed population. This auditor reviewed the PREA trainings/refreshers that all staff are required to participate in at LCYIC. After reviewing these trainings/refreshers, it was confirmed that these trainings are tailored to both male and female residents.

In addition to the above-mentioned trainings, all staff are required to complete Mandated Reporter training on an annual basis. This training focuses on the Pennsylvania Child Protective Service Law Mandated Reporter Guidelines and the Pennsylvania Bureau of Human Services Regulatory Compliance Guide.

During the on-site portion of this audit, it was noted that posters are posted throughout the facility to educate both staff and residents on agency PREA policies.

(c) LCYIC PREA Policy states “The Youth Intervention Center will provide PREA training to new employees and training for all existing employees annually.”

This auditor reviewed training records and confirmed all staff completed the mandatory PREA trainings on an annual basis. Interviews with staff also confirmed they receive the training on an annual basis and understood the material that was covered in the trainings/refreshers they received.

(d) LCYIC PREA Policy states “Successful completion of training will be documented through employee signature or electronic verification.”

All staff at LCYIC who successfully complete the annual PREA trainings must sign an acknowledgement form noting they received the annual PREA training. This acknowledgement form notes each staff has received the training, understands the training, and will adhere to the information and requirements covered in the training. This auditor was able to review training logs and acknowledgement forms, and confirmed each staff signed an acknowledgement form noting they understood the training they received.

Interviews with staff confirmed they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, LCYIC

policies, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse and sexual harassment.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. PREA Training Curriculum
3. Training Logs/Certificates

Interviews:

1. Random Staff Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "All volunteers and contractors that have direct contact with residents must undergo training on the Youth Intervention Center's efforts to detect, prevent and respond to sexual abuse and sexual harassment."

LCYIC reported that there are 20 contractors and approximately 100 volunteers currently approved to enter the facility. During the past 12 months, there have been 20 contractors and approximately 100 volunteers approved to enter the facility. Contracted staff approved to enter LCYIC include medical staff from PrimeCare Medical and teachers from the Lancaster School District. Volunteers include members of a local church group, interns from Millersville University, and trained professionals who provide art therapy and music therapy.

During an interview with the Facility Director, it was noted that prior to entering the facility, all volunteers and contractors are given a copy of LCYIC PREA Brochure for Contractors, Vendors, and Volunteers titled "A Guide to the Prevention and Reporting of Sexual Misconduct with Residents". This PREA Brochure reviews the importance of maintaining appropriate interactions with the residents at LCYIC, an overview of the PREA Policy, definitions of sexual abuse and sexual harassment, and how to report allegations of sexual abuse. All contractors and volunteers are also required to view the National Institute of Corrections Video "Keeping Our Kids Safe" prior to having any contact with the residents at the facility.

(b) LCYIC PREA Policy states "Each volunteer or contractor is required to view the National Institute of Corrections Video "Keeping Our Kids Safe" and view the Youth Intervention Center's PREA brochure for volunteers."

Prior to entering the facility, all contractors and volunteers are to receive and review a copy of the LCYIC PREA Brochure for Contractors, Vendors, and Volunteers titled "A Guide to the Prevention and Reporting of Sexual Misconduct with Residents". All contractors and volunteers are also required to sign an acknowledgement form specific to contractors or volunteers noting they received the training.

(c) LCYIC PREA Policy states "Sign the Youth Intervention Center's PREA Acknowledgment Sheet verifying successful completion of the PREA training."

All contractors and volunteers approved to enter LCYIC are required to sign an acknowledgement form titled "Professional Visitor PREA Acknowledgement" (for contractors) and "Volunteer PREA Acknowledgement" (for volunteers) noting they have received the training and understood it. LCYIC maintains training records for contractors and volunteers who have been approved to enter the facility and have contact with residents on the facility database. This database is maintained by the Facility Director. The Facility Director was able to explain the process of educating a volunteer/contractor prior to them entering the facility to ensure they are aware of the agency zero-tolerance policy, their duty to report, and the importance of appropriate interactions with the residents.

This auditor requested and received randomly selected signed Volunteer/Contractor Training and Acknowledgement Forms for five contractors and five volunteers approved to enter LCYIC during the past 12 months to confirm they received the required training prior to entering the facility and having contact with residents. This auditor was also able to interview three contracted staff during the on-site portion of this audit to confirm they received and understood the training they received. One teacher from the Lancaster School District, a contracted food services staff, and a medical staff from PrimeCare Medical were interviewed. There were no volunteers at the facility during the on-site portion of this audit.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC PREA Brochure for Contractors, Vendors, and Volunteers titled "A Guide to the Prevention and Reporting of Sexual Misconduct with Residents"
3. Professional Visitor PREA Acknowledgement Form
4. Volunteer PREA Acknowledgement Forms
5. Signed Contractor and Volunteer Acknowledgement Forms

Interviews:

1. Interview with Facility Director
2. Interviews with Contractors

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Every resident admitted to the Youth Intervention Center will receive the Youth Intervention Center Rights and Responsibilities Form and Information Guide. Each resident will be briefed on the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Information will also be included on prevention/intervention, self-protection, reporting, medical treatment, and mental health counseling. During orientation, this information will be communicated verbally and in writing in a language clearly understood by the resident. At risk residents will be placed on the shift pass-on so that staff can be briefed on the resident at the start of the shift. Resident and parental signatures indicating receipt of this information must be maintained in the resident’s file.”

This auditor was able to review a copy of the PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act”. All residents receive a copy of this PREA pamphlet and a PREA Orientation upon admission to LCYIC. The PREA pamphlets are available in both English and Spanish. Upon receiving the PREA pamphlet and PREA Orientation at intake, each resident signs an acknowledgement form titled “Intake PREA Orientation”. This acknowledgement form notes that they received the PREA Orientation and a copy of the PREA pamphlet.

This auditor was able to review ten randomly selected resident’s files to confirm each resident received the PREA education pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act” and the PREA Orientation at intake and signed an acknowledgement form noting they received this material. Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed they received the PREA Pamphlet titled “Sexual Assault awareness and the Prison Rape Elimination Act” and the PREA Orientation during their intake.

(b) LCYIC PREA Policy states “The Case Manager will facilitate the resident’s primary PREA training program for all new Detention and Shelter residents. Residents will sign a participation form which the Case Manager will submit to the Supervisor On-Duty at the conclusion of the program. Completed participation forms will be forward to the front office for inclusion in each resident’s legal file.”

LCYIC reports there were 144 residents admitted into the facility whose stay was 10 days or longer during the past 12 months. All residents received comprehensive PREA education within ten days of being admitted into the facility. LCYIC delivers comprehensive PREA education to each resident during their first ten days at the facility. This comprehensive education is titled “PREA: What Residents Need to Know”. This curriculum includes a review of the facility zero tolerance policy, how to report allegations of sexual harassment and sexual abuse, each resident’s right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents, and the telephone number and address to the YWCA of Lancaster. It was noted during interviews with the Facility Director and a Case Manager that all residents receive this comprehensive education during a one-on-one session with a Case Manager. This auditor reviewed ten residents’ files to confirm all residents received their comprehensive PREA education within ten days of being admitted into the facility. All residents interviewed confirmed they received comprehensive PREA Education within ten days of being admitted into the facility.

(c) Intake staff interviewed reported each resident admitted into LCYIC receives PREA education during the intake process. They were able to describe reviewing the PREA Orientation and providing each resident with the PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act”. In addition to providing each resident with the PREA pamphlet and PREA Orientation during intake, a Case Manager completes a comprehensive PREA education session with each resident during the resident’s first ten days at the facility and answers any questions they may have. Upon each resident receiving the PREA education at intake and a comprehensive education within 10 days of intake, each resident signs an acknowledgement form. This auditor reviewed ten randomly selected resident’s files during the on-site portion of this audit and all ten resident’s files reviewed contained a signed copy of the acknowledgement form noting the resident received PREA education at intake and within 10 days of intake.

All residents interviewed confirmed they received comprehensive PREA education during their first ten days at the facility. They also acknowledged reviewing and receiving copies of the PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act” upon intake. In addition, residents interviewed stated they receive PREA Education groups in their living units on a regular basis. Staff interviewed also noted these PREA Education groups are facilitated on a regular basis in the living units to re-educate the residents on the facility Zero-Tolerance Policy.

(d) LCYIC PREA Policy states “All residents must be provided with information on the facility’s PREA policy. Residents with disabilities or who have limited English proficiency will be referred to a facility educator for additional explanation and assistance.”

Interviews with intake staff confirmed all PREA education information is communicated orally and in writing and in a language clearly understood by the resident. Interpreters are also available through Language Line Services for residents who are Limited English Proficient.

LCYIC also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and the PREA pamphlet titled "Sexual Awareness and the Prison Rape Elimination Act" in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of the facility and by reviewing the Resident Handbook and PREA pamphlet that all residents receive upon intake into the facility.

There was one cognitively disabled resident and one limited English proficient interviewed during the on-site portion of this audit. Both residents confirmed all PREA educational materials were explained to them in a language they understood. Both noted the staff at LCYIC took the time to explain all the information one-on-one with them during PREA education sessions to ensure they understood the material. In addition, the resident who was limited English proficient stated he was provided a copy of the Resident Handbook and PREA pamphlet in Spanish.

(e) LCYIC PREA Policy states "Residents will sign a participation form which the Case Manager will submit to the Supervisor On-Duty at the conclusion of the program. Completed participation forms will be forward to the front office for inclusion in each resident's legal file."

Upon receiving the Resident Handbook and PREA pamphlet titled "Sexual Awareness and the Prison Rape Elimination Act" and PREA Orientation at intake, each resident signs an acknowledgement form noting they received a copy of the PREA pamphlet and PREA Orientation. LCYIC maintains each resident receives comprehensive PREA education within ten days of intake on an acknowledgement form that the resident signs after receiving the education with a Case Manager.

This auditor was able to review ten randomly selected resident's files to confirm each resident received the PREA education pamphlet and PREA Orientation at intake and the comprehensive PREA education within 10 days of intake. Each file reviewed contained the above-noted signed acknowledgement forms noting the resident received PREA education at intake and a comprehensive education within 10 day of intake.

(f) LCYIC PREA Policy states "In addition to the education, there will be pamphlets provided and available along with visible posters throughout the Youth Center for residents to read and observe providing key information."

At intake, all residents receive the PREA pamphlet titled "Sexual Awareness and the Prison Rape Elimination Act". This pamphlet includes information about the facility's zero-tolerance policy and reporting information noting ways to report an allegation of sexual abuse or sexual harassment. In addition, there were visible posters (in both English and Spanish) in the hallways, all common areas, visiting areas, and in the living units of the facility that were viewed by this auditor during the tour of the facility. All residents interviewed stated they have been educated on PREA during the intake process, within ten days of intake, and on a regular basis during their stay at the facility through PREA Education groups. Each resident interviewed was knowledgeable of PREA and its role in the facility.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Resident Handbook
3. LCYIC PREA Pamphlet "Sexual Assault Awareness and the Prison Rape Elimination Act"
4. PREA Orientation
5. Resident Files
6. PREA Posters
7. Tour of Facility

Interviews:

1. Interview with Facility Director
2. Interviews with Intake Staff
3. Random Resident Interviews
4. Interview with Cognitively Disabled Resident
5. Interview with Limited English Proficient Resident

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) The Lancaster County Detectives Unit is the entity outside of the facility responsible for the investigation of all allegations of sexual abuse and sexual harassment which are criminal in nature at LCYIC. Allegations which are not criminal in nature are investigated by agency investigators.

LCYIC has a signed Memorandum of Understanding with the Lancaster County Detectives Unit. This Memorandum of Understanding notes the responsibilities of both the facility and the Lancaster County Detectives Unit during an investigation. In addition, the Facility Director has formally asked the Lancaster County Detectives Unit to comply with PREA investigative standards. This was requested in a formal letter to the Lancaster County Detectives Unit requesting investigations be conducted in compliance within the PREA standards. The letter was dated August 22, 2022, and a copy was provided to this auditor for review.

All investigations of sexual abuse at LCYIC which are not criminal in nature are investigated by facility investigators. The Facility Director, Shelter Program Director, and PULSE Program Director at the facility are trained facility investigators. This auditor was provided with documentation noting all facility investigators completed the National Institution of Corrections investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" to confirm compliance with this standard.

(b) The Lancaster County Detectives Unit is responsible for the investigation of all allegations of sexual abuse and allegations of sexual harassment which are criminal in nature at LCYIC. A representative from the Lancaster County Detectives Unit was interviewed by this auditor and stated all detectives have completed various investigative trainings pertaining to the investigation of sexual abuse in a confinement setting. He was able to describe these trainings to this auditor and stated any detective would adhere to the PREA Juvenile Standards when completing an investigation regarding sexual harassment or sexual abuse at this facility.

There are currently three trained facility investigators at LCYIC who complete administrative investigations for any allegation of sexual abuse which is not criminal in nature. A facility investigator who completes investigations at the facility was interviewed by this auditor and was able to describe the training he received and discussed evidence collection and the criteria and evidence required to substantiate an allegation.

(c) The Lancaster County Detectives Unit is responsible for the investigation of all allegations of sexual abuse and sexual harassment which are criminal in nature at LCYIC. The facility has a signed Memorandum of Understanding with the Lancaster County Detectives Unit. This Memorandum of Understanding notes the responsibilities of both the facility and the Lancaster County Detectives Unit during an investigation. In addition, the Facility Director has formally asked the Lancaster County Detectives Unit to comply with the PREA investigative standards. This was requested in a formal letter to the Lancaster County Detectives Unit requesting investigations be conducted in compliance with the PREA standards. This letter was dated August 22, 2022. Copies of both the Memorandum of Understanding and formal letter to the Lancaster County Detectives Unit were provided to this auditor for review.

(d) A representative from the Lancaster County Detectives Unit was interviewed by this auditor. This representative confirmed all detectives have completed various trainings pertaining to the investigation of sexual abuse in a confinement setting.

In addition, the Agency PREA Coordinator and Facility Director were able to confirm any allegations of sexual harassment and sexual abuse which are criminal in nature are referred to the Lancaster County Detectives Unit for investigation. There were no allegations of sexual harassment or sexual abuse at LCYIC during the past 12 months.

Reviewed documentation to determine compliance:

1. MOU with Lancaster County Detectives Unit
2. Formal Letter to the Lancaster County Detectives Unit (August 22, 2022)
3. Agency Investigators Training Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from the Lancaster County Detectives Unit
4. Interview with Facility Investigator

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "PrimeCare Medical, Inc. is the contracted medical service provider for the Youth Intervention Center. PrimeCare requires all employees to undergo training on PREA and the accompanying regulations. The facility will keep on file a copy of the training provided to medical staff and the training roster. Medical staff that have contact with residents must be trained on the following:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively to juvenile victims of sexual abuse and sexual harassment;
4. How and to whom to report allegations of sexual abuse and harassment."

There are currently six contracted medical staff and one mental health practitioner (seven specialized staff in total) employed at LCYIC. Training records reviewed by this auditor confirmed all contracted medical staff and a mental health practitioner at the facility completed specialized trainings through the National Institute of Corrections. The contracted medical staff completed the specialized training titled "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and the mental health practitioner completed the specialized training titled "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Interviews with a contracted medical staff and a mental health practitioner confirmed they received the training and understood the material specific to their job title.

(b) Medical staff at LCYIC do not conduct forensic examinations. In the event of an allegation of sexual abuse with penetration, forensic examinations are conducted at Lancaster General Hospital by a SANE/SAFE. A Memorandum of Understanding is in place with Lancaster General Hospital that confirms Lancaster General Hospital will provide a forensic rape examination conducted by a SANE/SAFE. This auditor was provided with a copy of the Memorandum of Understanding with Lancaster General Hospital to confirm compliance.

(c) LCYIC PREA Policy states "The facility will keep on file a copy of the training provided to medical staff and the training roster."

This auditor received and reviewed contracted medical staff and mental health practitioners training records and confirmed each staff completed the specialized trainings specific to their job titles and received a certificate of completion after successfully completing the training. In addition, interviews with a contracted medical staff and a mental health practitioner confirmed they had received and understood the specialized training they received specific to their job title.

(d) A contracted medical staff and a mental health practitioner were interviewed by this auditor and were knowledgeable of the PREA standards and their roles regarding sexual abuse and sexual harassment prevention, detection, and response at LCYIC. This auditor was able to review the mental health practitioner's training records to confirm she received and successfully completed an annual PREA training through the National Institute of Corrections that all staff are required to complete. In addition, all contracted medical staff received and completed the training that all volunteers and contracted staff are required to complete prior to having any contact with the residents at LCYIC. This auditor interviewed a contracted medical staff and a mental health practitioner at the facility to ensure they understood the specialized training they completed and to confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Medical/Mental Health Staff Specialized Training Logs
3. PREA Training Curriculums/Training Logs
4. Memorandum of Understanding with Lancaster General Hospital

Interviews:

1. Interview with Medical Staff
2. Interview with Mental Health Staff
3. Interview with Representative from Lancaster General Hospital

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “All residents will be assessed using the facility’s Vulnerability Assessment within 72 hours of admission in order to determine their risk of being sexually abused by other residents or being sexually abusive towards other residents. This assessment will be completed by the facility’s Case Manager. The Case Manager will update a resident’s Vulnerability Assessment during their 180-Day Individual Service Plan.”

This auditor discussed the Vulnerability Assessment Instrument with the Agency PREA Coordinator, Facility Director, and a Case Manager who completes the screening at LCYIC. The Vulnerability Assessment Instrument is completed by a Case Manager within 72 hours of intake and residents are reassessed using the Vulnerability Assessment Instrument every six months after the initial assessment. Due to the short-term average length of stay at the facility (18 days), most residents only receive an initial assessment. In addition, the Vulnerability Assessment Instrument is administered if there is a sexual harassment or sexual abuse incident involving the resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at LCYIC.

During the past 12 months, there were 189 residents admitted to LCYIC whose length of stay in the facility was 72 hours or more. All 189 residents admitted into the facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of arriving at the facility by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm the Vulnerability Assessment is completed upon intake by interviewing a Case Manager who completes the screening and by reviewing ten randomly selected resident files. In addition, all residents interviewed stated the Vulnerability Assessment Instrument is completed as noted in the LCYIC PREA Policy.

(b) The Vulnerability Assessment Instrument is an objective screening assessment used to conduct risk assessments of each resident within 72 hours of admission into the facility and every six months after the initial screening is completed. In addition, the Vulnerability Assessment Instrument is administered to any residents if are involved in a sexual harassment or sexual abuse incident. A Case Manager who administers the Vulnerability Assessment Instrument was interviewed and understood how to administer this screening and was aware of its importance in keeping residents safe from sexual abuse. She was able to describe how this screening is administered within 72 hours of the resident being admitted into the facility and periodically throughout the resident’s stay at the facility (each resident is reassessed every six months after the initial assessment).

(c) LCYIC PREA Policy states “The following criteria will be considered when assessing each resident with the Vulnerability Assessment:

1. The resident’s prior history of detention or placement;
2. Prior victimization or abusiveness;
3. Whether the resident is LGBTI;
4. Current charges and offense history;
5. The age of the resident;
6. The resident’s level of emotional and cognitive development;
7. The physical build of the resident;
8. Whether the resident has a mental illness or a mental, physical or developmental disability;
9. The resident’s own perception of vulnerability;
10. Any other information about the individual resident that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other residents.”

This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at LCYIC and confirmed this screening is objective and captures the information required in this standard. A review of ten randomly selected resident’s files confirmed the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident’s stay at the facility (residents are reassessed every six months after their initial assessment). In addition, the Vulnerability Assessment Instrument is administered to any residents who are involved in a sexual harassment or sexual abuse incident. These screenings are being completed by a Case Manager at LCYIC.

(d) LCYIC PREA Policy states “Information will be obtained through conversations with residents during the intake screening process.”

Interviews with the Agency PREA Coordinator, Facility Director, and a Case Manager that administers the Vulnerability Assessment Instrument revealed that a Case Manager interviews each resident within 72 hours of admission (typically during the resident’s first day at the facility) and periodically throughout a resident’s stay at the facility (residents are reassessed every six months after their initial assessment). A Case Manager interviewed that administers the Vulnerability

Assessment Instrument also stated she uses case history notes and behavioral records, in addition to the face-to-face interview, when completing the initial screening.

(e) LCYIC PREA Policy states “The Youth Intervention Center will implement appropriate controls in 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.”

All completed Vulnerability Assessment Instruments are securely kept in the resident’s files. All pertinent necessary information is recorded and communicated to staff for housing assignments or additional supervision purposes only to ensure sensitive information is not exploited to the resident’s detriment by staff or other residents. It was noted that only the Facility Director, administrative staff, and Case Managers have access to a resident’s Vulnerability Assessment Instrument.

Interviews with residents confirmed the Vulnerability Assessment Instrument has been completed as noted in the above-mentioned policy as all the residents interviewed stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at LCYIC. All residents interviewed, who have resided at the facility for over six months, also stated they have been asked these questions again periodically during their stay at the facility. Ten randomly selected resident’s files were reviewed for documentation verifying the Vulnerability Assessment Instrument is being completed as per the above-mentioned policy. All resident files reviewed by this auditor had the above-mentioned screening completed within 72 hours of intake and periodically throughout their stay at the facility (every six months following their initial screening).

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Vulnerability Assessment Instrument
3. Completed Vulnerability Assessment Instruments
4. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
4. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "Each resident will be classified individually for unit assignment according to his/her age, gender, delinquent charges, sexual orientation, level of risk, co-defendants and program needs. Special consideration will be given to residents that are mentally or emotionally disturbed, disabled, abused, or have other unusual circumstances."

Interviews with the Facility Director and a Case Manager that administers the Vulnerability Assessment Instrument confirmed the Vulnerability Assessment Instrument is completed by a Case Manager within 72 hours of intake (typically during the resident's first day at the facility) and bedroom, program, education, and work assignments are made accordingly to keep all residents at LCYIC free from sexual abuse and sexual harassment. They were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate living units and appropriate bedrooms to ensure residents are kept safe while residing in the facility.

A review of completed Vulnerability Assessment Instruments at LCYIC supported this policy. Residents confirmed through interviews that the Vulnerability Assessment Instrument is being administered as per policy. All residents' placement in living units and bedrooms, and supervision/precautions is documented on the Population List that is available to all staff at the facility. Any residents who were identified as sexually vulnerable or sexually aggressive from the information noted on the Vulnerability Assessment Instrument, had a Health and Safety Plan developed for them and communicated to all staff to keep them safe (precautions are noted on the Population List and updated daily). Health and Safety Plans for both sexually vulnerable and sexually aggressive residents included increased supervision, living unit assignment, and appropriate bedroom assignments. This auditor was able to review Vulnerability Assessment Instruments, Population Lists, and Health and Safety Plans for residents at the facility who were determined to be sexually vulnerable and sexually aggressive to confirm compliance with this standard.

(b) LCYIC PREA Policy states "The Youth Intervention Center does not utilize protective custody or segregated housing." In addition, isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations.

It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at LCYIC. Interviews with the Agency PREA Coordinator, Facility Director, staff, and residents confirmed the facility has not used isolation to protect any residents at risk for sexual victimization during the past 12 months. It was also noted isolation/seclusion is prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas where a resident could be isolated.

(c) LCYIC PREA Policy states "Residents will not be placed in units based solely on sexual orientation or status."

There were six residents who identified as LGBTI residing at the facility during the time of the on-site portion of this audit. Two residents who identified as LGBTI were interviewed by this auditor and confirmed they were not placed in a specific living unit or bedroom based solely on their sexual identification. Interviews with the Agency PREA Coordinator and Facility Director confirmed that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. The Facility Director stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.

(d) LCYIC PREA Policy states "Unit assignments for a transgender or intersex resident must be considered on a case-by-case basis that ensures the health and safety of the resident."

There has been one transgender resident admitted to LCYIC during the past 12 months. This resident was a trans male and was placed in a female living unit at the facility. Interviews with the Agency PREA Coordinator and Facility Director confirmed a decision on which living unit to place this transgender resident was made by the administrative team. This decision was documented on a Transgender/Gender Variant Housing Decision form and was made in the best interest of the resident's safety. This auditor was provided documentation which noted the facility's decision to place the above-mentioned transgender resident in a female living unit.

(e) LCYIC PREA Policy states "A transgender or intersex resident must be reassessed at least twice annually (every 6 months) to review any threats to his or her safety."

There was one transgender resident admitted to LCYIC during the past 12 months. This resident is currently still residing at the facility. An interview with the Facility Director confirmed LCYIC ensures placement and programming for any transgender or intersex resident admitted into the facility would be reassessed every six months (during the resident's Individual Service Plan Review Meeting) while they are residing at the facility. Placement and programming reviews for transgender or intersex residing are documented on a Transgender/Gender Variant Housing Decision form.

(f) LCYIC PREA Policy states “The resident’s own personal evaluation of his or her safety will be considered during the review.”

There was one transgender resident admitted to LCYIC during the past 12 months. An interview with the Facility Director confirmed the administrative team at the facility ensures resident’s views are given serious consideration as staff are educated on how to interact professionally with transgender/intersex residents. In addition, an interview with the transgender resident residing at the facility confirmed that staff are respectful towards the resident’s identification and always ensure resident’s safety at the facility.

(g) LCYIC PREA Policy states “Transgender or intersex resident will shower individually pursuant to standard Youth Intervention Center operating procedures.”

There has been one transgender resident admitted to LCYIC during the past 12 months. An interview with the transgender resident residing at the facility confirmed the resident is permitted to shower separately from the other residents. Interviews with the Facility Director and staff confirmed transgender residents are given the opportunity to shower separately from the other residents. They stated this is noted on the Population List that is updated daily at LCYIC. This auditor was provided with a current Population List that noted the transgender resident was to shower separately from the other residents. It was noted “SA” on the Population List. “SA” stands for Shower Alone.

(h) LCYIC PREA Policy states “The Youth Intervention Center does not utilize protective custody or segregated housing.” In addition, isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations.

Interviews with the Agency PREA Coordinator and Facility Director confirmed LCYIC does not use isolation as it is prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas in the facility where a resident could be isolated.

(i) LCYIC PREA Policy states “The Youth Intervention Center does not utilize protective custody or segregated housing.” In addition, isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations.

Interviews with the Agency PREA Coordinator and Facility Director confirmed LCYIC does not use isolation as it is prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations. During the tour of the facility, this auditor did not notice any areas in the facility where a resident could be isolated.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Pennsylvania Department of Human Services 3800 Child Care Regulations
3. Vulnerability Assessment Instrument
4. Completed Vulnerability Assessment Instruments
5. Health and Safety Plans
6. Population Lists
7. Transgender/Gender Variant Decision Form

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
4. Interviews with Randomly Selected Staff
5. Random Resident Interviews
6. Interview with Resident who Identified as LGBTI
7. Interview with Resident who Identified as Transgender

115.351

Resident reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Youth Intervention Center residents have several means available to report sexual abuse and sexual harassment as outlined in the facility’s orientation manual that is provided to each resident upon admission. Residents are instructed that incidents of sexual abuse and harassment should be reported to either a Youth Intervention Center staff member, the facility Case Manager, a facility medical staff member, the resident’s attorney, a Juvenile Probation Officer, a Children and Youth Agency caseworker, a parent/guardian, or any other trusted adult. Residents are also instructed that they will not be punished in any way for reporting abuse or harassment.”

Reporting information is delivered to the residents through the intake process, PREA education groups, Resident Handbook, PREA pamphlet, and posters. Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment.

It was also noted that residents are permitted to report allegations of sexual harassment and sexual abuse privately by using the PREA Boxes that are in the vestibule of the Shelter Unit and in a common area in the Detention Unit where residents pass by in the Dining Room area. All PREA Boxes are locked and are checked daily by the Facility Director. Residents are permitted to submit slips in the PREA Boxes without submitting it to a staff member or to make an anonymous report. Each resident receives a slip in the PREA Brochure they receive at intake.

Interviews with residents confirmed they were educated on how to report allegations of sexual abuse, sexual harassment, retaliation, and neglect. All residents interviewed were able to note several ways to report allegations to facility staff, administrative staff, medical staff, and mental health practitioners. All residents were also aware of the PREA Boxes and stated they are permitted to submit allegations of sexual harassment and sexual abuse anonymously by placing a slip in a PREA Box.

(b) LCYIC PREA Policy states “Residents are further instructed that incidents of sexual abuse and harassment can be reported to the following outside groups and entities:

YWCA of Lancaster: Residents may contact YWCA of Lancaster to report sexual abuse or harassment or to seek support services on any Unit telephone or from the telephone located in the facility’s Hearing Room. Residents making reports may remain anonymous upon request. The YWCA of Lancaster telephone number will be posted at each telephone and the telephones will be tested on a weekly basis by 3rd shift Supervisors to ensure proper operation. Test results and name of the individual conducting the test documented on the Supervisor Shift Log.

PrimeCare Medical: Residents can also place reports of sexual abuse or harassment in the medical boxes located in the Detention Dining Room area or the Shelter Unit Vestibule. Medical staff will check these boxes on a daily basis at each medication pass.”

LCYIC has a “Black Phone” located in each living unit that allows residents to make private calls to the YWCA of Lancaster. The “Black Phone” has the telephone number to the YWCA of Lancaster Sexual Assault Hotline posted on it. This auditor called the telephone number posted on the “Black Phone” and confirmed it was the telephone number to the YWCA of Lancaster Sexual Assault Hotline.

Reporting information is delivered to the residents through the intake process, 10-day comprehensive PREA education, PREA education groups, Resident Handbook, and the LCYIC PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act.” Numerous posters (in both English and Spanish) were observed throughout the facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse and sexual harassment (including the YWCA of Lancaster Sexual Assault Hotline).

The LCYIC PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act” was reviewed by this auditor and it contained the telephone number and address for residents to report allegations of sexual abuse and sexual harassment to the YWCA of Lancaster Sexual Assault Hotline. In addition, this auditor also reviewed the curriculum that residents review during their 10-day comprehensive PREA education session with a Case Manager. It was confirmed this curriculum covered ways residents can report allegations of sexual harassment and sexual abuse to the YWCA of Lancaster Sexual Assault Hotline.

All residents interviewed were aware of their right to contact the YWCA of Lancaster. Residents interviewed were able to discuss the “Black Phone” and how it can be used to report allegations of sexual harassment and sexual abuse. In addition, residents interviewed confirmed they received this information through posters in their living units and around the facility, LCYIC PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act”, PREA education received at

intake, 10-day comprehensive PREA education, and PREA education groups in the living units.

There are no residents placed at LCYIC solely for civil immigration purposes. However, during interviews with the Agency PREA Coordinator and Facility Director, it was determined they would provide these residents information on how to contact consular officials and relevant officials at the Department of Homeland Security to report sexual abuse and/or sexual harassment.

(c) LCYIC PREA Policy states “Youth Intervention Center staff must accept reports made verbally, in writing, anonymously and from third parties, and will immediately write an incident report. The facility will provide residents with the tools necessary to make a written report. These reports will then immediately be given to the Supervisor On-Duty.”

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. Staff interviewed also noted allegations of sexual harassment and sexual abuse can be reported by third parties. Interviews with staff confirmed they would immediately document a verbal report by completing an Unusual Incident Report, notify the supervisor or the supervisor on shift, and contact the Pennsylvania Department of Human Services through the Childline Hotline immediately to report the allegation as all staff are Mandated Reporters.

(d) LCYIC PREA Policy states “Residents can also place reports of sexual abuse or harassment in the PREA Reporting boxes located in the Detention Dining Room area or the Shelter Unit Vestibule. The Case Manager and Supervisor On-Duty will check these boxes on a daily basis.”

Interviews with residents confirmed they are educated on ways to report allegations of sexual abuse or sexual harassment upon intake into the facility, during the 10-day comprehensive PREA education, and through PREA education groups in the living units. In addition, the residents interviewed were able to note ways they could report allegations of sexual harassment, sexual abuse, and retaliation to the YWCA of Lancaster either in writing or by using the “Black Phone”. Residents also reported the telephone number and address to the YWCA of Lancaster is noted in their Resident Handbook, LCYIC PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act”, and on posters throughout the facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual harassment, sexual abuse, and retaliation to the YWCA of Lancaster.

(e) LCYIC PREA Policy states “Youth Intervention Center staff can privately report sexual abuse or harassment directly by contacting the Director or Training Coordinator via email, telephone, or voicemail. All reports will be treated with extreme confidentiality.”

Interviews with staff confirmed they were aware that they are permitted to privately report allegations of sexual abuse and sexual harassment. All staff interviewed stated they could report the allegation to an administrative staff at the facility, the Agency PREA Coordinator, or the Lancaster County Human Resources Office. In addition, staff interviewed noted they would also be able to privately report allegations of sexual harassment or sexual abuse to the Pennsylvania Department of Human Services through the Childline Hotline.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC PREA Pamphlet “Sexual Assault Awareness & Prison Rape Elimination Act”
3. LCYIC Resident Handbook
4. LCYIC PREA Education Curriculum
5. Posters in Living Units

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Randomly Selected Staff
4. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) The Pennsylvania Department of Human Services 3800 Child Care Regulations requires that all residents be advised of the grievance procedure upon intake into the facility. Once residents are educated on the grievance procedure, they sign an acknowledgement form noting they have been educated on the grievance procedure. This signed acknowledgement form is kept in the resident's files.

All residents interviewed were aware of the grievance procedure. All the resident's files reviewed contained a signed acknowledgement form noting they were educated on the grievance process at LCYIC.

(b) LCYIC PREA Policy states "There is no time limit for a resident to submit a grievance for any situation including an allegation of sexual abuse. Staff will never try to resolve a grievance informally with a resident."

LCYIC PREA Policy notes residents are permitted to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Interviews with staff and residents confirmed they are aware of the grievance policy. Both residents and staff understood there is no time limit to submit a grievance alleging sexual abuse at the facility. Residents noted they are educated on the grievance procedure during the intake process (their first day at the facility).

(c) LCYIC PREA Policy states "Any grievance involving sexual abuse will not be received by or referred to the staff member involved or mentioned in the resident's grievance."

An interview with the Facility Director noted any grievance received alleging sexual abuse would be documented and the allegation would immediately be referred to the Lancaster County Detectives Unit and/or a facility investigator for investigation. It was noted during this interview that the grievance submitted would not be submitted to the staff who is the subject of the complaint and can be submitted to any other staff on shift or placed in a PREA Box. It was noted that PREA Boxes are located in the Shelter Unit vestibule and in a common area in the Detention Unit where residents pass by in the Dining Room area. These PREA Boxes are checked daily by the Facility Director.

There were no grievances alleging sexual abuse during the past 12 months at LCYIC.

(d) LCYIC PREA Policy states "All grievances will be resolved in seven (7) calendar days. Any extension of this time frame will result in the resident receiving written notification of the extension and a date that the final decision will be issued. Residents will always receive a response to a grievance."

Interviews with the Agency PREA Coordinator and Facility Director noted any decision on a grievance regarding sexual abuse or sexual harassment would be made by LCYIC administrative staff and that decision would be shared with the resident who submitted the grievance within seven calendar days.

There were no grievances alleging sexual abuse during the past 12 months at LCYIC.

(e) LCYIC PREA Policy states "Third parties are permitted to file grievances on behalf of a resident. The normal grievance procedures will be followed upon receipt of a third-party grievance. If a resident rejects the grievance filed on his or her behalf, this will be documented, and the resident's signature will be obtained supporting the objection. The parent or legal guardian of a resident may file a grievance regarding allegations of sexual abuse on behalf of a resident. These grievances can be submitted via the PREA Reporting box located in the Main Lobby or via the facility's website. The Main Lobby PREA Reporting box will be checked by administrative staff on a daily basis during the week and by Detention and Shelter Supervisors on a daily basis on weekends and holidays."

Residents interviewed were aware of third-party reports and understood parents, family members, and legal guardians were able to file a grievance alleging sexual abuse on their behalf.

There were no third-party grievances filed during the past 12 months at LCYIC.

(f) LCYIC PREA Policy states "Emergency grievances (resident is subject to a substantial risk of imminent sexual abuse) will be processed within twelve (12) hours of receipt. Upon receiving an emergency grievance, staff will immediately forward the grievance to the Supervisor On-Duty or Director of the Youth Intervention Center. Corrective action will be processed and completed within forty-eight (48) hours or any findings. An initial response will be provided within forty-eight (48) hours of receipt of the grievance, and a final decision regarding the grievance will be made within five (5) calendar days. The initial response and final decision of the Youth Intervention Center and all conclusions reached, and actions taken will be documented."

An interview with the Facility Director revealed if anyone at LCYIC would receive a grievance alleging a resident is at risk of imminent sexual abuse, a Health and Safety Plan would be implemented (this plan would include referring the allegation to the Lancaster County Detectives Unit and/or facility investigators), an initial response would be issued within 48 hours, and a final decision would be made within 5 days of receiving the grievance.

There were no grievances alleging risk of imminent sexual abuse during the past 12 months at LCYIC.

(g) LCYIC PREA Policy states “No disciplinary action will be taken against any resident for any grievance filed regardless of the resident’s intent in filing the grievance.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed any resident who files a grievance alleging sexual harassment or sexual abuse in good faith would not be disciplined regardless of the outcome of the grievance submitted.

There were no grievances filed in bad faith during the past 12 months at LCYIC.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC Grievance Policy
3. Review of Residents Files

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Randomly Selected Staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “The Youth Intervention Center’s resident orientation manual provides the name and contact information for the following entities and encourages a resident to initiate contact with said entities if he or she is a victim of sexual abuse in order to report the abuse and access support services:

1. YWCA of Lancaster
2. PrimeCare Medical

YWCA of Lancaster can be contacted on any Unit telephone or from the telephone located in the facility’s Hearing Room in order to report abuse or to seek support services.”

The LCYIC PREA pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act” contains telephone numbers and addresses for victim advocates from the YWCA of Lancaster. In addition to residents receiving a copy of the above-mentioned pamphlet, there are numerous posters posted around the facility with the telephone number and address to the YWCA of Lancaster. This information is available in both English and Spanish and was reviewed by this auditor and noted during the tour of the facility. LCYIC also has a Memorandum of Understanding with the YWCA of Lancaster. This Memorandum of Understanding states the YWCA of Lancaster will provide any victim of sexual abuse a victim advocate.

LCYIC has a “Black Phone” located in each living unit that allows residents make private calls to the YWCA of Lancaster Sexual Assault Hotline. The “Black Phone” has the telephone number to the YWCA of Lancaster Sexual Assault Hotline posted on it. This auditor called the telephone number posted on the “Black Phone” and confirmed it was the telephone number to the YWCA of Lancaster Sexual Assault Hotline.

Interviews with residents confirmed they are educated and aware of the services that are available to them in the event they are a victim of sexual abuse at LCYIC. All residents interviewed were also aware of the “Black Phone”.

(b) All of the residents interviewed were aware of the services available to them from the YWCA of Lancaster in the event they are a victim of sexual abuse. Residents interviewed also stated they were educated that any correspondence with the YWCA of Lancaster is confidential and private. In addition, residents noted during interviews this information is provided to them during the intake process, PREA education groups, and is noted in the PREA pamphlet they receive at intake. The PREA pamphlet is titled “Sexual Assault Awareness and the Prison Rape Elimination Act.”

There were no allegations of sexual abuse during the past 12 months at LCYIC.

(c) LCYIC PREA Policy states “The Youth Intervention Center has entered into a Memorandum of Understanding with YWCA of Lancaster to provide support services to victims of sexual abuse and sexual harassment free of charge to the resident and his or her family. Residents have direct access to YWCA of Lancaster through the Unit telephones or from the telephone located in the facility’s Hearing Room. The Youth Intervention Center does not record any of these types of calls made by the residents.”

A Memorandum of Understanding is in place with the YWCA of Lancaster in accordance with this standard. This Memorandum of Understanding confirms each party’s responsibilities regarding this standard. The Agency PREA Coordinator and Facility Director described this Memorandum of Understanding and the services that are provided by the YWCA of Lancaster (to provide advocacy services to any victims of sexual abuse at LCYIC). This auditor contacted a representative from the YWCA of Lancaster and the representative confirmed the services available to resident victims of sexual abuse that are noted in the Memorandum of Understanding.

(d) LCYIC PREA Policy states “The Youth Intervention Center provides all residents with reasonable and confidential access to their attorneys or other legal representation, and with reasonable access to their parents or legal guardians.”

Visitation and contact with legal representation and family members is outlined in the LCYIC PREA Policy. The facility provides residents with reasonable and confidential access to their attorneys and/or legal representation as well as parents or legal guardians. Attorneys can also visit whenever it is convenient for them to do so, and these visits/conversations would be in private if requested by the resident or attorney. Interviews with residents confirmed any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis and residents also receive telephone calls to family members on a weekly basis. All residents interviewed stated they receive weekly telephone calls to their families and can receive weekly visits from their family members (if the family is able to visit).

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC PREA pamphlet "Sexual Assault Awareness and the Prison Rape Elimination Act"
3. Memorandum of Understanding with YWCA of Lancaster
4. PREA Posters

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from YWCA of Lancaster
4. Random Resident Interviews

115.354	Third-party reporting
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “Third party reports of sexual abuse and sexual harassment can be made as outlined in the “Youth Intervention Center Child Rights, Access to Grievance Procedures, Consent to Treatment and Responsibilities Form”. Reports can also be submitted via email, telephone or voicemail to the Director or via the PREA Reporting box located in the facility’s Main Lobby. The Main Lobby PREA box will be checked by administrative staff on a daily basis during the week and by Detention and Shelter Supervisors on a daily basis on weekends and holidays.</p> <p>Third party reports can also be made to the following entities:</p> <ol style="list-style-type: none"> 1. Lancaster County Detectives or the Lancaster City Police; 2. PrimeCare Medical; 3. YWCA of Lancaster; 4. PREA box located in the facility’s Main Lobby; 5. Facility’s website at www.lcyic.com” <p>LCYIC has established various methods to receive third-party reports of sexual abuse and sexual harassment which include reporting abuse forms located inside the LCYIC PREA Pamphlet titled “Sexual Assault Awareness and the Prison Rape Elimination Act” that are accessible in the facility main lobby as well on the facility website. These forms may be given directly to the Facility Director, trusted staff, or medical staff at the facility. These forms may also be placed in a “PREA Box” that is located in the main lobby. The “PREA Box” located in the main lobby is checked by the Facility Director daily.</p> <p>This auditor was able to review LCYIC’s website and confirmed multiple methods to file a third-party report are posted on the website. The facility website noting methods to file a third-party report is www.lcyic.com. In addition to being posted on the agency website, multiple methods to file a third-party report are posted in the main lobby and visiting area of the facility and were observed by this auditor during the tour of the facility.</p> <p>In addition, all parents/legal guardians of any resident admitted to LCYIC receive a “Child Rights” letter which notes the resident’s rights and various ways to report allegations of sexual harassment and sexual abuse when the resident is admitted into the facility. The parent/legal guardian is then required to sign the letter acknowledging they understand it and received it and return it to the facility (either in person during a visit or through the mail).</p> <p>Interviews with residents confirmed they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf. All staff interviewed acknowledged that they would accept a third-party report of abuse and respond in the same manner as if they had witnessed the abuse themselves. Staff interviewed noted they would document the allegation on an Unusual Incident Report and report the allegation to the Pennsylvania Department of Human Services through the Childline Hotline, the Lancaster County Detectives Unit, and/or facility investigators for investigation.</p> <p>There were no allegations of sexual abuse or sexual harassment filed by residents or a third party at LCYIC during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Website 3. PREA Posters 4. LCYIC PREA Pamphlet “Sexual Assault Awareness and the Prison Rape Elimination Act” 5. LCYIC “Child Rights” Letter to Parents/Legal Guardians <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff 2. Random Resident Interviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “All Youth Intervention Center staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in the facility. This includes third party and anonymous reports. Reports are not contingent on persons, location, intent, neglect, performance or any other factors contributing to the incident.”

All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline for investigation as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the supervisor on shift to report any information related to sexual abuse or sexual harassment and report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline. Staff also reported they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the Agency PREA Coordinator, Facility Director, an administrative staff, the Lancaster County Detectives Unit, or the Pennsylvania Department of Human Services via the Childline hotline.

(b) LCYIC PREA Policy states “All incidents fall under the mandated abuse reporting requirements outlined in the Pennsylvania Child Protective Services Law.”

Pennsylvania Child Protective Services Law states “The CPSL requires any person who, in the course of employment, occupation, or practice comes into contact with children, to report when the person has reasonable cause to suspect on the basis of medical, professional or other training or experience, that a child, under the care, supervision, guidance, or training of that person or of an agency, institution, organization or other entity with which that person is affiliated, is a victim of child abuse.”

All staff interviewed were aware of their responsibility to report any allegations of sexual harassment or sexual abuse. The staff interviewed were able to describe their role as mandated reporters to this auditor and were aware of the Pennsylvania Department of Human Services Childline Hotline to report allegations of sexual abuse and sexual harassment.

(c) LCYIC PREA Policy states “Apart from reporting to a Supervisor On-Duty, other officials, and State and local agencies, staff are prohibited from revealing any information related to sexual abuse to anyone other than absolutely necessary in order to make treatment, investigation and other security and management decisions.”

Interviews with staff (including a contracted medical staff and a mental health practitioner) confirmed they are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. All staff interviewed were aware they are prohibited from sharing information related to sexual abuse to anyone other than the supervisor on shift and/or an investigator.

(d) LCYIC PREA Policy states “Medical and mental health practitioners are required to report abuse to the Director or his designee, as well as to report incidents pursuant to Pennsylvania’s Child Protective Services Law. These practitioners must inform residents of their duty to report and the limitations of confidentiality.”

A contracted medical staff and a mental health practitioner interviewed indicated that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, these staff stated they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment to the Pennsylvania Department of Human Services through the Childline Hotline immediately upon learning of the allegation. This information is also reported to the Lancaster County Detectives Unit and/or facility investigators for investigation. Staff interviewed were also able to discuss their role as mandated reporters during interviews and noted this is reviewed during an annual Mandated Reporter training that all staff at the facility are required to complete.

(e) LCYIC PREA Policy states “Upon receiving a report of sexual abuse, the Director or his designee must promptly report the allegation to the alleged victim’s parents or legal guardians, unless the facility has official documentation to show that the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report must be made to the victim’s caseworker instead of the parents or guardians. If the juvenile court retains jurisdiction over the alleged victim, the Director or his designee will report the allegation to the resident’s probation officer and attorney or other legal representative within fourteen (14) days of receiving the allegation.”

All staff interviewed also stated that in addition to reporting the allegation to the supervisor on shift, they are also required to report all allegations of abuse to the Pennsylvania Department of Human Services through the Childline Hotline and document the allegation/incident on an Unusual Incident Report.

(f) In addition to reporting an allegation of abuse to the Pennsylvania Department of Human Services through the Childline Hotline, all allegations of sexual abuse, sexual harassment, neglect, and retaliation are also reported to the Lancaster County Detectives Unit and/or facility investigators for investigation.

It should be noted; all staff (including contracted medical and mental health practitioners) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party.

Interviews with the Agency PREA Coordinator, Facility Director, and staff (including a contracted medical staff and a mental health practitioner) confirmed they are aware of how to report an allegation and were aware all allegations are investigated by the Lancaster County Detectives Unit and/or facility investigators. The Facility Director was also able to describe the reporting process as well as the investigative process once an allegation is referred to the Lancaster County Detectives Unit and/or facility investigators for investigation.

There were no allegations of sexual harassment or sexual abuse at LCYIC during the past 12 months.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Pennsylvania Child Protective Services Law

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Medical Staff
4. Interview with Mental Health Staff
5. Interviews with Randomly Selected Staff

115.362	<p>Agency protection duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “hen the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident.”</p> <p>The Facility Director was interviewed regarding the protective action the facility takes when learning that a resident to subject to substantial risk of imminent sexual abuse. He reported the facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser or making a living area change. The Facility Director stated the safety of the resident is the facility’s upmost priority.</p> <p>An interview with the Facility Director confirmed all staff are expected to act immediately to separate the resident at risk from the potential abuser. In addition, he reported a Health and Safety Plan would be developed and implemented by an administrative staff or the supervisor on shift to ensure the safety of the resident at risk. This Health and Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a living unit and/or bedroom change if necessary.</p> <p>All staff are trained in how to respond to a resident at imminent risk of sexual abuse. Staff interviewed stated they would immediately separate the resident at risk from the potential abuser, call for additional staff assistance if needed, and report the incident to the supervisor on shift. The supervisor on shift would then determine the best course of action to ensure the safety of the resident and document these actions in a Health and Safety Plan.</p> <p>There were no residents that the facility determined was subject to imminent risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “Upon receiving an allegation that a resident was sexually abused while confined at another facility, staff will immediately notify the Supervisor On-Duty. Childline will be contacted, and the appropriate office of the agency/facility where the sexual abuse is alleged to have occurred will be contacted and notified of the incident.”</p> <p>An interview with the Facility Director confirmed this process that would be followed if the facility received an allegation that a resident was sexually abused while in another facility. He stated that there has not been a report in the last 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility. This auditor also reviewed facility PREA Database to confirm there were not any reports in the past 12 months of any allegations of sexual abuse or sexual harassment occurring to a resident while in another facility.</p> <p>(b) LCYIC PREA Policy states “Notification must occur within twenty-four (24) hours of receipt of the report.”</p> <p>An interview with the Facility Director confirmed he understood the timeframe to notify the agency/facility where the alleged abuse occurred. After reviewing the facility PREA Database, it was confirmed that LCYIC did not receive any allegations that a resident was abused while residing in another facility.</p> <p>(c) LCYIC PREA Policy states “An incident report will be written and filed that contains documented details of the notification.”</p> <p>An interview with the Facility Director confirmed he would document any notification of alleged abuse on an Unusual Incident Report. He also stated an email would also be sent to the Facility Director/Agency Head of the facility where the alleged abuse occurred (after he contacted this person by telephone) to provide further documentation. In addition to documenting the allegation, the Facility Director noted he would immediately report the allegation of abuse to the Pennsylvania Department of Human Services through the Childline Hotline (if the allegation occurred in a facility in Pennsylvania) for investigation. If the allegation occurred in a facility outside of Pennsylvania, he stated he would contact the proper investigative agency in the state where the allegation allegedly occurred.</p> <p>d) LCYIC PREA Policy states “Any report filed by another agency to the Youth Intervention Center will be investigated in the same manner as any other incident that pertains to sexual abuse within the facility.”</p> <p>The Facility Director was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused or sexually harassed while residing at LCYIC. He stated he would immediately generate an Unusual Incident Report and CY47 Form and contact the Pennsylvania Department of Human Services through the Childline Hotline and the Lancaster County Detectives Unit and/or facility investigators to report the allegation for investigation. He stated if the alleged abuser was still residing or employed at LCYIC, a Health and Safety Plan would be developed immediately to ensure the safety of all residents.</p> <p>LCYIC did not receive any allegations/notifications from other facilities that a resident was sexually abused or sexually harassed while residing at the facility during the past 12 months. This was confirmed by this auditor by reviewing the facility PREA Database.</p> <p>Reviewed documentation to determine compliance:</p> <p>1. LCYC PREA Policy</p> <p>Interviews:</p> <p>1. Interview with Facility Director</p>

115.364	Staff first responder duties
	<p data-bbox="244 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 239">Auditor Discussion</p> <p data-bbox="244 271 1493 365">(a) LCYIC PREA Policy states “Upon learning of alleged sexual abuse of a resident, the first responder must take immediate steps to protect the victim by ensuring that the alleged victim and the alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:</p> <ol data-bbox="279 416 1493 880" style="list-style-type: none"> 1. Initiating a unit transfer of other placement within the facility, or an administrative transfer to another facility or program; 2. Notifying medical staff for instructions regarding examination of the resident; 3. Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensuring that the alleged victim does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 5. Notifying the Director and providing a referral for the victim to the appropriate health care staff: During normal business hours, the Supervisor On-Duty will notify the Director or his designee and will immediately provide for the alleged victim’s physical safety and ensure that the resident is promptly referred to health care staff; During evening and overnight shifts, the Supervisor On-Duty will notify the Director or his designee of the incident. The resident will be transported to a medical facility as directed by the on-call medical staff. 6. The Supervisor On-Duty will notify the appropriate law enforcement agency and follow all directives and recommendations of that agency. 7. Childline will be contacted.” <p data-bbox="244 909 1477 1068">Staff interviewed could articulate the steps they would take as first responders. Their responses were consistent with the LCYIC PREA Policy. All staff noted they have been trained in steps to take as a first responder in the event of an incident of sexual abuse at the facility. Staff’s responses were consistent as all staff noted they would separate the victim from the abuser, call for additional staff to report to the scene, secure the scene, report the incident to the supervisor on shift, and document the incident on an Unusual Incident Report.</p> <p data-bbox="244 1099 1469 1193">(b) LCYIC PREA Policy states “If the first responder is not a Youth Care Worker, the responder will be required to request inform the victim to not take any action that could destroy physical evidence The responder should them immediately notify facility staff.”</p> <p data-bbox="244 1225 1493 1352">Non-security staff interviewed were educated in their role as first responders and were able to articulate exactly what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene. Once security staff arrived at the scene, it was noted security staff would take control of the situation.</p> <p data-bbox="244 1384 756 1413">Reviewed documentation to determine compliance:</p> <ol data-bbox="279 1462 509 1491" style="list-style-type: none"> 1. LCYIC PREA Policy <p data-bbox="244 1520 352 1550">Interviews:</p> <ol data-bbox="279 1599 711 1628" style="list-style-type: none"> 1. Interviews with Randomly Selected Staff

115.365	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1477 365">(a) LCYIC PREA Policy states “The facility will adhere to the steps listed in the previous section (Youth Care Worker First Responder Duties) upon learning of an alleged sexual abuse of a resident. The Director, in consultation with the appropriate law enforcement agency, will notify the following individuals/entities of the report:</p> <ol data-bbox="277 416 1142 611" style="list-style-type: none"> 1. The victim’s parents or guardians; 2. The placing agency (i.e. Juvenile Probation Department, Children & Youth Agency); 3. The Pennsylvania Department of Human Services through the HCSIS system; 4. The appropriate law enforcement agency; 5. YWCA of Lancaster; 6. Childline” <p data-bbox="242 640 1485 734">LCYIC has developed its own Coordinated Response Plan to respond to incidents of sexual abuse. This Coordinated Response Plan notes the roles of responders (administrative staff, direct care staff, medical staff, mental health practitioners, and investigators) in response to incidents of sexual abuse.</p> <p data-bbox="242 763 1490 925">This auditor was able to review the LCYIC Coordinated Response Plan to confirm this plan notes the roles of administrative staff, direct care staff, medical staff, mental health staff, and investigators. The plan is detailed and notes the roles of all staff at LCYIC. In addition, interviews with the Facility Director, supervisors, direct care staff, a medical staff, and a mental health practitioner indicated that each is knowledgeable of his/her responsibilities in responding to an incident or allegation of sexual abuse.</p> <p data-bbox="242 954 756 983">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1034 663 1099" style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Coordinated Response Plan <p data-bbox="242 1128 352 1158">Interviews:</p> <ol data-bbox="277 1209 711 1335" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Medical Staff 3. Interview with Mental Health Staff 4. Interviews with Randomly Selected Staff

115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="240 143 740 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 239">Auditor Discussion</p> <p data-bbox="240 271 1477 398">(a – b) LCYIC PREA Policy states “The Youth Intervention Center does not have a collective bargaining unit. If this changes in the future, the facility will not renew or enter into a collective bargaining agreement that limits the ability of the facility to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.”</p> <p data-bbox="240 427 1490 555">LCYIC employees belong to the American Federation of State, County, and Municipal Employees Union (District Council 89). The current collective bargaining agreement runs from January 1, 2018, to December 31, 2022. This auditor was able to review this collective bargaining agreement and confirmed it does not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline.</p> <p data-bbox="240 584 1484 680">An interview with the Facility Director confirmed that any time there is an allegation, a Health and Safety Plan for the specific resident(s) is put in place that includes removing the staff from contact with the resident(s) by placing the staff on Administrative Leave until an investigation can be completed and a determination is made.</p> <p data-bbox="240 710 767 741">Reviewed Documentation to Determine Compliance:</p> <ol data-bbox="277 788 711 853" style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Collective Bargaining Agreement <p data-bbox="240 882 352 913">Interviews:</p> <ol data-bbox="277 960 608 992" style="list-style-type: none"> 1. Interview with Facility Director

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "The Youth Intervention Center will protect all residents who report sexual abuse or harassment or cooperate with investigations from retaliation by other residents or staff members. The Youth Intervention Center administrators and supervisors will conduct monitoring to ensure these protections."

Administrative staff (Directors) are responsible for retaliation monitoring of residents at LCYIC. The Facility Director monitors retaliation in the Detention Program while the Shelter Program Director monitors retaliation in the Shelter Program. Both directors are responsible for the monitoring of both residents and staff.

This auditor interviewed an administrative staff who is responsible for retaliation monitoring, and he confirmed he is responsible for monitoring retaliation of staff and residents and has been educated on the signs of retaliation. He stated it is the expectation of the facility that any resident or staff who report sexual abuse or sexual harassment would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).

(b) LCYIC PREA Policy states "Measures to protect staff and residents will include, but are not limited to, the following:

1. Initiating Unit transfers of both victims and alleged abusers;
2. Removing staff from contact with the victim (in accordance with Pennsylvania Department of Human Services §3800 regulations);
3. Providing emotional support services through YWCA of Lancaster and the County Employee Assistance Program ("EAP");
4. Monitoring for any changes by staff or residents that suggest possible retaliation."

An administrative staff responsible for monitoring retaliation was interviewed and stated while monitoring retaliation when a resident makes a report, he would check in with the resident who made the allegation on a weekly basis. In addition, he stated he would also review progress notes, behavior records, report cards, and discipline reports. The administrative staff interviewed stated retaliation monitoring is documented on the PREA Sexual Abuse Retaliation Monitoring Form and he was able to discuss how he would monitor retaliation at the facility following an allegation of sexual harassment or sexual abuse. This auditor was able to review a Retaliation Monitoring Log that the facility would use to monitor retaliation when there is an allegation of sexual harassment or sexual abuse to confirm the above-mentioned statements.

(c) LCYIC PREA Policy states "The Youth Intervention Center will conduct this monitoring for a ninety (90) day period following a report of sexual abuse or sexual harassment. Monitoring will be conducted by review of disciplinary reports, Unit changes, or negative performance. A resident's grade sheets, and shift notes/comments will also be reviewed, and periodic status checks of the resident will be conducted. If indicators of retaliation are found, the monitoring period will be extended for an additional ninety (90) days."

There were no allegations of sexual harassment or sexual abuse at LCYIC during the past 12 months. An interview with an administrative staff who monitors retaliation confirmed he serves as a retaliation monitor at the facility. He was educated on the signs of retaliation when interviewed and seemed sincere about monitoring retaliation at LCYIC. This administrative staff stated the facility would expect that actions would be taken immediately to ensure the resident or staff was safe. It is the expectation of LCYIC that any resident or staff who reports an allegation of sexual harassment or sexual abuse would be monitored for at least 90 days or until an investigation of the allegation was completed and determined to be Unfounded. The administrative staff stated he would monitor a resident by completing weekly status checks for at least 90 days per policy and would document his status checks on the PREA Sexual Abuse Retaliation Monitoring Form. He stated if the need would arise, he would continue to complete status checks on the resident for longer than the 90-day requirement.

There were no incidents of retaliation, known or suspected, during the past 12 months at LCYC.

(d) LCYIC PREA Policy states "Periodic status checks of the resident will be conducted."

Administrative staff (Directors) monitor residents and staff for retaliation at LCYIC. This auditor interviewed an administrative staff who monitors retaliation and he stated he would monitor retaliation for a minimum of 90 days after an allegation of sexual harassment or sexual abuse is reported or until an investigation is completed and determined to be Unfounded. In addition, he was also able to describe what he would monitor when completing weekly status checks with a resident. He noted his weekly status checks, file reviews, incident report reviews, and/or housing change reviews are documented on the PREA Sexual Abuse Retaliation Monitoring Form. This auditor was able to review the form and confirmed this form would document 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.

(e) LCYIC PREA Policy states "If at any time other individuals express a fear of retaliation by another resident or staff member, this "Protection from Retaliation" policy will apply to that individual as well."

During an interview with an administrative staff who monitors retaliation at LCYIC, he stated that he would take appropriate measures to protect any individual (staff or resident) against retaliation who cooperates with an investigation of sexual abuse. He stated if these individuals expressed fear of retaliation for cooperating with an investigation, he would monitor these individuals the same way he would monitor the person who reported the allegation. The administrative staff interviewed stated he documents his retaliation monitoring of these individuals (residents or staff) by using the PREA Sexual Abuse Retaliation Monitoring Form.

(f) LCYIC PREA Policy states "The Youth Intervention Center's obligation to monitor shall terminate if the allegation is deemed Unfounded."

An interview with an administrative staff who monitors retaliation at LCYIC confirmed he would monitor retaliation for 90 days or until an investigation is completed and determined to be Unfounded. He stated if an investigation is determined to be Unfounded before the 90-day monitoring period is completed, he would make a note on the PREA Sexual Abuse Retaliation Monitoring Form noting that the allegation was determined to be Unfounded, and that retaliation monitoring has terminated.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Retaliation Monitoring Form

Interviews:

1. Interview with Person Responsible for Monitoring Retaliation

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1441 331">(a) The Pennsylvania Department of Human Services 3800 Child Care Regulations prohibits the use of seclusion and/or isolation in all Pennsylvania residential facilities (including LCYIC).</p> <p data-bbox="240 360 1481 456">An interview with the Facility Director confirmed the prohibition of segregated housing to protect a resident who has suffered sexual abuse. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with staff and residents at the facility also confirmed the prohibition of segregated housing.</p> <p data-bbox="240 486 756 512">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 564 1046 624" style="list-style-type: none"> 1. Pennsylvania Department of Human Services 3800 Childcare Regulations 2. Tour of Facility <p data-bbox="240 654 352 680">Interviews:</p> <ol data-bbox="277 732 711 828" style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff 3. Random Resident Interviews

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1473 398">(a) LCYIC PREA Policy states “Any report (direct, indirect, or via third party) received involving sexual abuse or sexual harassment will be reviewed by the Director in order to determine if the incident meets the minimum criteria under the guidelines established by PREA. The incident will be reviewed promptly, thoroughly, and objectively. If the minimum criteria are met, the matter will be turned over to the appropriate law enforcement agency.”</p> <p data-bbox="240 427 1485 589">Interviews with the Agency PREA Coordinator and Facility Director confirmed all PREA related allegations at LCYIC are immediately referred to the Lancaster County Detectives Unit and/or facility investigators. Criminal investigations are referred to the Lancaster County Detectives Unit. Administrative investigations are completed by facility investigators. There were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC. Therefore, there were no investigations completed by the Lancaster County Detectives Unit or facility investigators during that time.</p> <p data-bbox="240 618 1433 678">(b) LCYIC PREA Policy states “If the minimum criteria as met, the allegations shall be reported to the Lancaster County Detectives Unit who have been trained in sexual abuse investigations involving juvenile victims.”</p> <p data-bbox="240 707 1473 869">Criminal investigations are completed by the Lancaster County Detectives Unit while administrative investigations are completed by facility investigators. If at any time during an administrative investigation, the allegation appears to be criminal in nature, then that allegation is immediately referred to the Lancaster County Detectives Unit. The Lancaster County Detectives Unit would then conduct a criminal investigation. Interviews with the Agency PREA Coordinator and Facility Director confirmed any allegations of sexual abuse are immediately reported to the Lancaster County Detectives Unit.</p> <p data-bbox="240 898 1477 1126">An interview with the Shelter Program Director confirmed he is a facility investigator and completes administrative investigations at LCYIC. He stated if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Lancaster County Detectives Unit for investigation. There are currently three facility investigators assigned to complete administrative investigations at LCYIC (Facility Director, Shelter Program Director, and PULSE Program Director). All facility investigators completed the National Institute of Corrections PREA investigator training titled “PREA: Investigating Sexual Abuse in a Confinement Setting.” This auditor was provided with training certificates for review noting all three facility investigators completed the PREA investigator training titled.</p> <p data-bbox="240 1155 1485 1216">An interview with a representative from the Lancaster County Detectives Unit confirmed investigators assigned to investigate criminal allegations of sexual abuse at LCYIC have completed training that is specific to juvenile sexual abuse victims.</p> <p data-bbox="240 1245 1481 1346">(c) LCYIC PREA Policy states “The Lancaster County Detectives Unit and/or Lancaster City Bureau of Police shall gather and preserve evidence; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior reports if any of sexual abuse involving the suspected perpetrator.”</p> <p data-bbox="240 1375 1485 1637">An interview with a representative from the Lancaster County Detectives Unit noted a detective would report to the scene of the allegation immediately after being notified of the incident (if the incident occurred after business hours, the Lancaster City Bureau of Police would respond and gather and preserve evidence and then turn it over to the Lancaster County Detectives). He stated the detective would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if his department was notified within 96 hours of the incident. The representative from Lancaster County Detectives Unit noted the detective assigned to the case would also review the video from the video surveillance system at the facility and interview any alleged victims, alleged perpetrators, and witnesses as part of the investigation.</p> <p data-bbox="240 1666 1461 1760">An interview with a facility investigator who completes administrative investigations also confirmed facility investigators are trained to gather and preserve evidence, review the video surveillance system, and interview any alleged victims, alleged perpetrators, and witnesses (staff on shift at the time of the alleged incident) as part of their investigation.</p> <p data-bbox="240 1789 1453 1850">(d) LCYIC PREA Policy states “Investigators shall not terminate an investigation if the source of the allegation recants the allegation.”</p> <p data-bbox="240 1879 1490 1973">Interviews with a representative from the Lancaster County Detectives Unit and a facility investigator confirmed investigations are not terminated because the source of the allegation recants the allegation. Both noted all allegations are investigated until a determination can be made.</p> <p data-bbox="240 2002 1461 2096">(e) Criminal investigations at LCYIC are conducted by the Lancaster County Detectives Unit. An interview with a representative from the Lancaster County Detectives Unit confirmed whenever evidence supports criminal prosecution, he consults with the Lancaster County District Attorney to avoid obstacles to subsequent criminal prosecution.</p> <p data-bbox="240 2125 1485 2159">(f) LCYIC PREA Policy states “The determination of credibility of an alleged victim, suspect, or witness will be assessed on</p>

an individual basis. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device by the Youth Intervention Center as a condition for proceeding with the investigation of the allegation.”

Interviews with a representative from the Lancaster County Detectives Unit and a facility investigator noted the alleged victim’s credibility will be assessed on an individual basis and not determined by their status as a resident or staff. Both also stated all investigations are conducted in the same manner, as detectives/investigators conduct fair investigations, do not judge credibility, and collect evidence and facts during each investigation. It was also noted that polygraphs are not utilized during investigations.

There were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC.

(g) LCYIC PREA Policy states “Upon completion of the investigation by the appropriate law enforcement agency, the entire incident will be reviewed by the Youth Intervention Center’s administration. This incident review will determine whether staff actions or inactions contributed to the incident. This review will be documented with incident assessments, including descriptions of physical evidence, testimony, and corrective actions”.

All investigative reports are completed by the Lancaster County Detectives Unit (criminal investigations) and facility investigators (administrative investigations). At the completion of any investigation, an investigative report is completed. The investigative report would clearly note if the allegation was Substantiated, Unsubstantiated, or Unfounded. There were no allegations of sexual abuse at LCYIC during the past 12 months. Therefore, there were no investigative reports for this auditor to review.

(h) LCYIC PREA Policy states “Upon completion of the investigation by the appropriate law enforcement agency, the entire incident will be reviewed by the Youth Intervention Center’s administration. This incident review will determine whether staff actions or inactions contributed to the incident. This review will be documented with incident assessments, including descriptions of physical evidence, testimony, and corrective actions”.

There were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC. However, during an interview with a representative from the Lancaster County Detectives Unit, he stated each report prepared by an investigator is detailed, documents the allegation, and notes the determination of the allegation.

(i) LCYIC PREA Policy states “The Lancaster County Detectives Unit shall document in a written report thorough descriptions of physical, testimonial, and documentary evidence when feasible and refer any substantiated allegations of conduct that appear to be criminal for prosecution.”

All substantiated allegations of sexual abuse are referred to the Lancaster County District Attorney’s Office for prosecution. This was confirmed during interviews with the Agency PREA Coordinator and a representative from the Lancaster County Detectives Unit.

During the past 12 months, there were no allegations of sexual abuse at LCYIC.

(j) LCYIC PREA Policy states “Reviews will be maintained for as long as the alleged abuser is housed in or employed by the Youth Intervention Center, plus an additional five (5) years.”

It was confirmed during an interview with the Facility Director that all reports are kept on file for a minimum of 5 years. There have been no criminal investigations at LCYIC during the past 12 months.

(k) LCYIC PREA Policy states “The departure of an alleged abuser or victim from employment or custody is not basis for terminating the investigation or influencing the outcome.”

A representative from the Lancaster County Detectives Unit noted the departure of an alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating an investigation. He stated the investigation would continue until a determination is made.

(l) LCYIC has a Memorandum of Understanding with the Lancaster County Detectives Unit noting requirements of the Prison Rape Elimination Act during an investigation. The Facility Director has also formally asked the Lancaster County Detectives Unit to comply with the PREA investigative standards. This was requested in a formal letter to the Lancaster County Detectives Unit. The letter was dated August 22, 2022. Copies of the Memorandum of Understanding and formal letter were provided to this auditor for review.

(m) LCYIC PREA Policy states “The Youth Intervention Center will cooperate with the investigating law enforcement agency and will remain informed about the progress of the investigation.”

The Facility Director noted he maintains contact with the Lancaster County Detectives Unit during an open investigation via telephone calls, emails, and on-site visits. There were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC. Therefore, there was no documentation for this auditor to review.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Memorandum of Understanding with Lancaster County Detectives Unit
3. Memorandum of Understanding with Lancaster City Bureau of Police
4. Formal Letter to Lancaster County Detectives Unit (August 22, 2022)
5. Formal Letter to Lancaster City Bureau of Police (August 22, 2022)
6. Facility Investigators Training Records

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Facility Investigator
4. Interview with Representative from Lancaster County Detectives Unit

115.372	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1449 331">(a) LCYIC PREA Policy states “he Youth Intervention Center will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p data-bbox="242 360 1484 555">Criminal investigations at LCYIC are completed by the Lancaster County Detectives Unit and administrative investigations are completed by facility investigators. The facility has a Memorandum of Understanding with the Lancaster County Detectives Unit requesting compliance with the PREA investigative standards. The Facility Director has also formally asked the Lancaster County Detectives Unit to comply with the PREA investigative standards. This was requested in a formal letter to the Lancaster County Detectives Unit. Copies of this Memorandum of Understanding and formal letter were forwarded to this auditor to review and to confirm compliance.</p> <p data-bbox="242 584 1457 745">Interviews with the Facility Director, a facility investigator, and a representative from the Lancaster County Detectives Unit confirmed all investigations at LCYIC are completed by the Lancaster County Detectives Unit (criminal investigations) and facility investigators (administrative investigations). Both the facility investigator and the representative from the Lancaster County Detectives Unit also noted no standard higher than the preponderance of evidence is used when determining whether allegations of sexual abuse or sexual harassment are substantiated during an investigation.</p> <p data-bbox="242 775 1489 871">An interview with a representative from the Lancaster County Detectives Unit confirmed his agency would send the facility an investigative report upon the completion of any investigation. The investigative report would note the determination of the investigation (Unfounded, Unsubstantiated, or Substantiated).</p> <p data-bbox="242 900 1259 929">There were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC.</p> <p data-bbox="242 958 756 987">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 1037 1013 1133" style="list-style-type: none"> 1. LCYIC PREA Policy 2. Memorandum of Understanding with Lancaster County Detectives Unit 3. Formal Letter to Lancaster County Detectives Unit (August 22, 2022) <p data-bbox="242 1162 352 1191">Interviews:</p> <ol data-bbox="277 1240 995 1337" style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Facility Investigator 3. Interview with Representative from Lancaster County Detectives Unit

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Any resident who makes an allegation of sexual abuse will be informed verbally and in writing as to whether or not the allegation was substantiated, unsubstantiated, or unfounded by the appropriate law enforcement agency. The resident and his or her parent or guardian will also be provided with regular updates and status reports pertaining to the investigation.”

All investigations of sexual abuse at LCYIC are completed by the Lancaster County Detectives Unit (criminal investigations) and facility investigators (administrative investigations). This was confirmed during interviews with the Facility Director and a representative from the Lancaster County Detectives Unit. It was noted that following an investigation, the resident would be notified of the determination in writing. This notification would be noted on a “PREA Determination Notification Letter”. There were no allegations of sexual abuse during the past 12 months at LCYIC. Therefore, there were no notifications to residents and no documentation for this auditor to review. However, this auditor was provided with a template of the “PREA Determination Notification Letter” that is used to notify residents of the determination of an investigation to confirm compliance.

(b) LCYIC PREA Policy states “If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation.”

During the past 12 months, there were no allegations of sexual abuse investigated by the Lancaster County Detectives Unit. This auditor was able to review a “PREA Determination Notification Letter” template that notes any resident who makes an allegation of sexual abuse is informed of the investigation’s findings at the completion of the investigation by the Lancaster County Detectives Unit or a facility investigator. The Facility Director stated the resident is informed of the determination at the end of an investigation and signs the “PREA Determination Notification Letter” to document the resident was informed of the determination.

(c) LCYIC PREA Policy states “Following a resident’s allegation that a staff member committed sexual abuse, the Youth Intervention Center will update the resident and parent whenever:

1. The staff member is no longer posted within the resident’s living unit;
2. The staff member is no longer employed at the facility;
3. The staff member is indicated on a charge of or related to sexual abuse;
4. The staff member is convicted on a charge of or related to sexual abuse.”

During the past 12 months, there were no allegations of sexual abuse against any staff at LCYIC. Interviews with the Agency PREA Coordinator and Facility Director confirmed in the event of an allegation of sexual abuse against a staff at the facility, a Health and Safety Plan would be implemented to keep the resident safe. In addition, the staff the allegation was made against would be removed from the resident’s living unit and placed on Administrative Leave until an investigation is completed by the Lancaster County Detectives Unit. It was noted during an interview with a representative from the Lancaster County Detectives Unit, that a detailed investigative report is sent to the Facility Director following the conclusion of any investigation. This investigative report includes the determination that is made at the conclusion of the investigation. Upon the Facility Director receiving an investigative report at the conclusion of any investigation of sexual abuse, the resident is then notified of the determination by a Case Manager. This notification is documented on a “PREA Determination Notification Letter”.

(d) LCYIC PREA Policy states “Following a resident’s allegation that he or she was abused by another resident, the alleged victim will be informed whenever:

1. The alleged abuser is criminally charged related to the sexual abuse;
2. The alleged abuser is adjudicated on a charge related to sexual abuse.”

There were no allegations of resident-on-resident sexual abuse at LCYIC during the past 12 months. Therefore, there was no documentation to review. However, an interview with the Facility Director confirmed that the resident who made the allegation would be informed of any developments regarding the alleged perpetrator as noted in the LCYIC PREA Policy.

(e) LCYIC PREA Policy states “Any notification to a victim, parent or guardian will be documented in writing and placed in the resident’s legal file.”

An interview with the Facility Director indicated that residents are notified of the results of an investigation in writing. He stated the resident is notified of the determination and signs a “PREA Determination Notification Letter” to document the

resident was notified of the determination. The process described by the Facility Director was consistent with the LCYIC PREA Policy.

There were no allegations of sexual abuse at LCYIC during the past 12 months. It was noted during an interview with the Facility Director that any resident who makes an allegation of sexual abuse is notified of the findings an investigation upon completion of any investigation. All notifications are documented on a "PREA Determination Notification Letter" A template of the "PREA Determination Notification Letter" was reviewed by this auditor, and it clearly documents the outcome of any investigation and there a place for the resident to sign to document the resident was notified of the findings of the investigation.

(f) During an interview with the Facility Director, he was aware LCYIC's obligation to report terminates if the resident is released from the facility. It was noted the average stay for each resident at the facility is 18 days.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. PREA Determination Notification Letter Template

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Representative from Lancaster County Detectives Unit

115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “The Youth Intervention Center has zero tolerance for any staff member that violates this policy as it pertains to sexual abuse or harassment. Staff will be subject to disciplinary action, up to and including termination, for violating the facility’s sexual abuse or sexual harassment policies.”</p> <p>There were no staff disciplined for violation of the LCYIC PREA Policy during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and Business Associate (Human Resources). In addition, this auditor also reviewed randomly selected staff personnel files to ensure no staff had been disciplined for violating the LCYIC PREA Policy during the past 12 months.</p> <p>(b) LCYIC PREA Policy states “Any staff engaging in sexual abuse or harassment of residents, or that has engaged in sexual abuse of residents in the past, will be terminated.”</p> <p>There were no staff terminated (or resigned prior to termination) for violating the LCYIC PREA Policy by sexually abusing a resident during the past 12 months at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director, and Business Associate (Human Resources). It was also confirmed during an interview with the Facility Director that termination is the presumptive discipline for any staff who violates the LCYIC PREA Policy by sexually abusing a resident at the facility.</p> <p>(c) LCYIC PREA Policy states “Disciplinary action for violations of this policy other than engaging in sexual abuse or harassment will be commensurate with the nature and circumstances of the act committed and will be issued as outlined in the Lancaster County Human Resources Department’s policies and procedures. Sanctions will be imposed based on the incident level, disciplinary history and past precedent of sanctions implemented at the facility for similar occurrences.”</p> <p>During the past 12 months, there have been no staff disciplined or terminated for violation of the LCYIC PREA Policy regarding sexual abuse or sexual harassment at this facility. This was confirmed during interviews with the Agency PREA Coordinator, Facility Director and Business Associate (Human Resources).</p> <p>(d) LCYIC PREA Policy states “All terminations for violations of the facility’s sexual abuse or sexual harassment policies, or staff resignations related to violation of these policies, will be reported to the appropriate law enforcement.”</p> <p>There were no staff reported to the Lancaster County Detectives Unit for violation of the LCYIC PREA Policy during the past 12 months at this facility. This was confirmed during interviews with the Facility Director and a representative from the Lancaster County Detectives Unit.</p> <p>Reviewed documentation to determine compliance:</p> <p>1. LCYIC PREA Policy</p> <p>Interviews:</p> <p>1. Interview with Agency PREA Coordinator 2. Interview with Facility Director 3. Interview with Business Associate (Human Resources) 4. Interview with Representative from Lancaster County Detectives Unit</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “The Youth Intervention Center has zero tolerance for any contractor or volunteer who engages in sexual abuse or sexual harassment. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Any contractor or volunteer that engages in such activity will be banned from access to the facility. The matter will also be referred for investigation to the appropriate law enforcement agency.”</p> <p>There were no contractors or volunteers reported to the Lancaster County Detectives Unit for engaging in sexual abuse or sexual harassment of residents during the past 12 months at LCYIC. This was confirmed during interviews with the Facility Director and a representative from the Lancaster County Detectives Unit.</p> <p>(b) The Facility Director stated in an interview that if there was an alleged incident of sexual harassment or sexual abuse involving a contractor or volunteer, the facility would immediately remove the contractor or volunteer from the facility, contact the Lancaster County Detectives Unit, and would not allow the contractor or volunteer to return until the completion of an investigation per LCYIC PREA Policy. There were no reported instances of alleged sexual harassment or sexual abuse by any contractors or volunteers approved to enter the facility during the past 12 months at LCYIC.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Representative from Lancaster County Detectives Unit

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.”

During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at LCYIC. This was confirmed during interviews with the Facility Director and a representative from the Lancaster County Detectives Unit.

(b) LCYIC PREA Policy states “Disciplinary sanctions commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances.”

An interview with the Facility Director confirmed that any disciplinary sanctions for residents violating the LCYIC PREA Policy, the facility would consider the nature of the incident, resident history, mental health diagnosis, and precedent of sanctions imposed under similar circumstances.

There were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months. This auditor was able to interview the Facility Director, staff, and residents who all confirmed isolation is not used at LCYIC.

(c) LCYIC PREA Policy states “Sanctions will take into consideration the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed at the facility under similar circumstances.”

Interviews with the Facility Director, a contracted medical staff, and a mental health practitioner at LCYIC confirmed that a resident’s mental health is considered when discipline is imposed for incidents of sexual abuse. In addition, the Facility Director noted the resident’s mental health diagnosis is reviewed and considered during any Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated finding to ensure appropriate discipline was imposed. If the allegations are criminal in nature, the Lancaster County Detectives Unit would be responsible for filing charges with the Lancaster County District Attorney’s Office.

(d) An interview with a mental health practitioner at the facility was conducted by this auditor during the on-site portion of this audit. This interview confirmed mental health services would be offered for any resident found to have engaged in resident-on-resident sexual abuse. The mental health practitioner interviewed stated the resident’s participation in therapy sessions is not always required as a condition of access to reward-based incentives. It was also noted that LCYIC is a short-term detention facility and that due to the average length of stay at the facility (18 days), the services offered would be minimal.

There were no allegations of resident-on-resident sexual abuse during the past 12 months at LCYIC.

(e) LCYIC PREA Policy states “Residents are subject to disciplinary sanctions for contact with staff if upon investigation it is determined that the staff member did not consent to such contact.”

This auditor interviewed the Facility Director who confirmed a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact. There were no incidents of resident-on-staff sexual abuse at LCYIC during the past 12 months.

(f) LCYIC PREA Policy states “No resident will be subjected to disciplinary sanctions for filing any report pursuant to this policy. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident even if that report is unsubstantiated by the investigating law enforcement agency.”

An interview with the Facility Director confirmed residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish evidence sufficient to substantiate the allegation. There were no residents disciplined during the past 12 months for making a report of sexual abuse in bad faith.

(g) LCYIC PREA Policy states “Sexual contact between residents is strictly prohibited and deems such activity to constitute sexual abuse if it is determined that the activity is coerced.”

Interviews with the Agency PREA Coordinator and Facility Director confirmed all sexual activity between residents is prohibited at LCYIC. This is also noted in the Resident Handbook that all residents received upon intake into the facility.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy

2. LCYIC Resident Handbook

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Medical Staff
4. Interview with Mental Health Staff
5. Interview with Representative from Lancaster County Detectives Unit

115.381

Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Any resident who indicates during the initial health and safety assessment that they were a victim of sexual assault or sexual harassment while previously at the Youth Intervention Center, other institution, or in the community will be offered a follow up meeting with PrimeCare medical staff or YWCA of Lancaster within fourteen (14) days of admission to the facility”

During the past 12 months, there were 37 residents who disclosed prior sexual victimization during their intake screenings. The residents were offered a follow up meeting with medical staff and mental health practitioners upon the completion of their initial Vulnerability Assessment Instrument and are seen by an Adolescent Therapist (mental health practitioner) during their first week at the facility. This auditor interviewed the Facility Director, a contracted medical staff, and a mental health practitioner during the on-site portion of the audit, and they confirmed the referral process once a resident discloses prior sexual victimization. This auditor was also able to review files of the residents who disclosed prior sexual victimization. These resident files contained documentation noting residents are offered a follow up meeting with medical staff and a mental health practitioner within 14 days of the resident disclosing prior sexual victimization. In addition, this auditor interviewed one resident who reported prior sexual victimization during her intake screening. This resident stated she was offered a follow up meeting with medical staff and a mental health practitioner following the administration of her risk screening. When a resident who discloses prior sexual abuse is offered and/or referred to a medical staff and/or mental health practitioner for follow up, this is noted on the Vulnerability Assessment Instrument and a referral form is completed and signed by the resident and the staff who administered the risk screening. This auditor reviewed completed Vulnerability Assessment Instruments for residents who disclosed prior sexual victimization during their intake screenings to confirm residents are offered a follow up meeting with medical staff and mental health practitioners following the administration of their risk screening.

(b) LCYIC PREA Policy states “Any resident who indicates during the initial health and safety assessment that they were a perpetrator of sexual assault or sexual harassment while previously at the Youth Intervention Center, other institution, or in the community will be offered a follow up meeting with PrimeCare medical staff or YWCA of Lancaster within fourteen (14) days of admission to the facility.”

There were 15 residents admitted into LCYIC during the past 12 months who previously perpetrated sexual abuse. These residents were referred to a mental health practitioner for a follow up meeting during their first week at the facility. This auditor interviewed a mental health practitioner who was able to confirm the referral process whenever it is noted a resident previously perpetrated sexual abuse during the intake screening. She stated any resident who previously perpetrated sexual abuse is offered a follow up meeting with a mental health practitioner following the administration of the risk assessment. When a resident who previously perpetrated sexual abuse is offered and/or referred to a mental health practitioner for a follow up meeting, this is noted on the Vulnerability Assessment Instrument and a referral form is completed and signed by the resident and staff who administered the risk screening. This auditor reviewed completed Vulnerability Assessment Instruments for residents who previously perpetrated sexual abuse to confirm residents are offered a follow up meeting with a mental health practitioner following the administration of their risk screening.

(c) LCYIC PREA Policy states “Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited for use by PrimeCare Medical staff and YWCA of Lancaster. Information will only be provided to the Youth Intervention Center that would impact such areas as Unit assignment, resident health and safety plans, program assignments, and security decisions.”

Interviews with the Facility PREA Director, a contracted medical staff, and a mental health practitioner confirmed any information from the Vulnerability Assessment Instrument related to sexual victimization or abusiveness is limited to medical staff, mental health practitioners, and administrative staff. It was noted any information from the Vulnerability Assessment Instrument related to sexual victimization or abusiveness relayed to staff is done so only for safety and security reasons and this information is documented in a Health and Safety Plan and population report to ensure the safety of the resident(s). This auditor was able to review communication to staff to confirm information from Vulnerability Assessment Instruments is for safety and security reasons only.

(d) LCYIC PREA Policy states “Informed consent is not required from a parent or guardian prior to reporting information about prior sexual victimization that did not occur in an institutional setting if the resident is less than eighteen (18) years old due to the mandated reporter provisions of the Pennsylvania Child Protective Services Law.”

During interviews with a contracted medical staff, a mental health practitioner, and intake staff, it was noted they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed stated they inform the resident upon their initial meeting with the resident of their reporting duties.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Completed Vulnerability Assessment Instruments
3. Medical/Mental Health Follow Up Referral Forms
4. Health and Safety Plans
5. Population Reports
6. Resident Files

Interviews:

1. Interview with Facility Director
2. Interview with Medical Staff
3. Interview with Mental Health Staff
4. Interviews with Intake Staff
5. Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness
6. Interview with Resident who Disclosed Prior Victimization during Initial Screening

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states "Victims of sexual abuse must receive immediate medical treatment and crisis intervention services provided by PrimeCare Medical and YWCA of Lancaster. Facility policy will also be followed to protect the resident, and if required, transport of the resident to Lancaster General Hospital."

LCYIC has a Memorandum of Understanding in place with Lancaster General Hospital to have a forensic examination completed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Nurse Examiners (SANE). In addition, the facility has a Memorandum of Understanding with the YWCA of Lancaster to provide emotional support and advocacy services. These services are provided at no cost to the victim. The Memorandum of Understanding with Lancaster General Hospital and the Memorandum of Understanding with the YWCA of Lancaster was provided to this auditor for review. In addition, this auditor contacted a representative from Lancaster General Hospital to confirm resident victims of sexual abuse at LCYIC receive the services noted in the Memorandum of Understanding.

There were no residents at LCYIC who reported sexual abuse involving penetration during the past 12 months. Therefore, there were no residents referred to Lancaster General Hospital for a forensic examination.

(b) All staff at LCYIC are trained in their responsibilities to protect the victim and to preserve evidence during annual PREA trainings at the facility. All staff interviewed were able to describe their responsibilities if they are a first responder to an allegation of sexual abuse.

(c) LCYIC PREA Policy states "These services must include, where appropriate, information about contraception, sexually transmitted diseases, and infections."

This auditor was able to interview a contacted medical staff at LCYIC and she stated any resident victim of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at Lancaster General Hospital and during follow up appointments with medical staff at the facility.

There were no residents at LCYIC who reported sexual abuse involving penetration that were referred to Lancaster General Hospital for a forensic examination during the past 12 months.

(d) LCYIC PREA Policy states "All treatment services will be provided to the victim without cost to victim, parent, or guardian regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

LCYIC has a Memorandum of Understanding with Lancaster General Hospital which notes medical services would be provided at no cost to the victim. In addition, the facility has a Memorandum of Understanding with the YWCA of Lancaster which notes sexual abuse victims receive rape crisis intervention services and follow-up services including accompaniment to law enforcement interviews and court.

This auditor was able to interview the Agency PREA Coordinator, Facility Director, a contracted medical staff, and a representative from Lancaster General Hospital. All interviewed confirmed that any victim of sexual abuse would be referred to Lancaster General Hospital and receive medical and mental health treatment at no cost to the victim.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Memorandum of Understanding with Lancaster General Hospital
3. Memorandum of Understanding with YWCA of Lancaster

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interview with Medical Staff
4. Interview with Representative from Lancaster General Hospital
5. Interview with Representative from YWCA of Lancaster

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a) LCYIC PREA Policy states “Medical and mental health evaluations will be offered to residents who are victims of sexual abuse.”

Interviews with the Facility Director, a contracted medical staff, and a mental health practitioner confirmed all residents residing at LCYIC meet with a medical staff for a medical evaluation and a mental health practitioner upon their arrival to the facility (if they have been a victim of sexual abuse in a residential facility or not). It was noted these evaluations are completed during the resident’s first week at the facility.

(b) LCYIC PREA Policy states “The evaluation and treatment will include the implementation of treatment plans and referrals for follow up care, regardless of placement or return to the community.”

All residents at LCYIC meet with a medical staff for a medical evaluation during their first day at the facility and with a mental health practitioner during their first week at the facility. In addition, any residents who disclose prior sexual abuse on their Vulnerability Assessment Instrument are offered a follow up meeting with a medical staff and a mental health practitioner during their first week at the facility. A contracted medical staff and a mental health practitioner interviewed noted if a resident was a victim of sexual abuse in a residential facility, follow up services would occur more frequently, and recommendations would include specific follow up services.

(c) LCYIC PREA Policy states “All services will be consistent with care received if the resident was in the community.”

Interviews with a contracted medical staff and a mental health practitioner confirmed the services offered to residents at LCYIC are consistent with the community level of care. All staff interviewed noted residents have immediate access to medical staff and a mental health practitioner while they are residing at the facility.

(d) LCYIC PREA Policy states “PrimeCare Medical offers all females pregnancy tests upon admission and by request while at the Youth Intervention Center. Any victims of sexual abuse while at the facility will be offered a pregnancy test.”

There were no incidents of sexual abusive vaginal penetration at LCYIC during the past 12 months. However, this auditor was able to interview the Facility Director and a medical staff during the on-site portion of this audit. Both confirmed that any resident who is a victim of sexual abusive vaginal penetration would be offered a pregnancy test and all lawful pregnancy-related medical services as part of the follow up to the incident.

(e) LCYIC PREA Policy states “Any victims of sexual abuse while at the facility will be offered a pregnancy test and will also receive timely and comprehensive information about lawful pregnancy related medical services.”

Interviews with the Facility Director and a contracted medical staff confirmed any resident who would become pregnant as a result of a sexual assault at the facility would receive timely and comprehensive information about all pregnancy-related medical services available to them.

(f) LCYIC PREA Policy states “Any resident who is a victim of sexual abuse while at the Youth Intervention Center will be offered STD testing through PrimeCare Medical as is medically appropriate.”

Interviews with the Facility Director and a contracted medical staff confirmed any resident who is a victim of sexual abuse at LCYIC would be offered timely follow-up for sexually transmitted diseases as part of the follow up with medical staff. This would occur if the victim were tested at Lancaster General Hospital or not.

(g) LCYIC PREA Policy states “All treatment services are provided to the victim without cost to victim, parent, or guardian.”

Interviews with the Facility Director, a contracted medical staff, and a mental health practitioner confirmed treatment services are offered to the victim regardless of if they named the abuser or cooperated with the investigation.

(h) LCYIC PREA Policy states “All resident-on-resident abusers will be subjected to a mental health examination within sixty (60) days of the facility learning of such history of abusive conduct and will be offered treatment where mental health practitioners deem appropriate.”

Interviews with the Facility Director and a mental health practitioner confirmed all known resident-on-resident abusers would receive a mental health evaluation within 60 days of their arrival. This includes any residents who have a history of resident-on-resident abuse at past residential facilities. It was noted that the resident would initially meet with a mental health practitioner and then be referred to a psychiatrist to have a psychiatric evaluation completed.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy

Interviews:

1. Interview with Facility Director
2. Interview with Medical Staff
3. Interview with Mental Health Practitioner

Auditor Overall Determination: Meets Standard

Auditor Discussion

(a – b) LCYIC PREA Policy states “The Youth Intervention Center will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation regardless of outcome within thirty (30) days of receiving the report from the investigating law enforcement agency.”

(c) LCYIC PREA Policy states “The incident will be reviewed by a team of Youth Intervention Center staff consisting of the following individuals:

1. Facility Director;
2. Shelter Program Director;
3. Facility Training Coordinator;
4. Detention/Shelter Care Supervisor;
5. PrimeCare Medical Staff Member;
6. YWCA of Lancaster Staff Member;
7. Investigating Law Enforcement Agency (where applicable).”

(d) LCYIC PREA Policy states “The review team will convene and review the following:

1. Whether the investigation or allegation indicates a need to change the facility’s policies or practices to better prevent, detect or respond to sexual abuse;
2. Whether the incident or allegation was motivated by race, ethnicity, sexual orientation or identification, perception of such status by other residents, gang affiliation, or group dynamics;
3. Whether the physical plant may have contributed to the incident;
4. Whether staff levels or patterns might have impacted the situation;
5. Whether possible changes to technology, such as cameras, is required;
6. At the conclusion of the review, the review team will prepare a report with the team’s findings and recommendations.”

(e) LCYIC PREA Policy states “The Youth Intervention Center Director and Training Coordinator will comply with all of the recommendations of the report within a sixty (60) day period of receiving the report or will document reasons for not having the recommendations completed in this time frame.”

LCYIC documents Sexual Abuse Incident Reviews on a Sexual Abuse Incident Review form. All requirements listed in this standard are reviewed and considered by the facility. There were no allegations of sexual abuse at LCYIC during the past 12 months. This auditor was able to review the Sexual Abuse Incident Review form that would be completed by the Facility Director following a Sexual Abuse Incident Review at the facility. The Agency PREA Coordinator and Facility Director both noted any time an allegation of sexual abuse is investigated and determined to be Substantiated or Unsubstantiated, a Sexual Abuse Incident Review would be held within 30 days of the facility receiving a determination at the completion of the investigation by the Lancaster County Detectives Unit.

The Agency PREA Coordinator and Facility Director stated the Incident Review Team consists of the Agency PREA Coordinator, upper-level administrative staff at the facility, medical staff, mental health practitioners, a representative from the Lancaster County Detectives Unit, and a representative from the YWCA of Lancaster. Two members of the Incident Review Team were interviewed during the on-site portion of this audit and were able to describe the review process that would take place if an allegation of sexual abuse is determined to be either Substantiated or Unsubstantiated. They both stated the Incident Review Team would convene within 30 days upon the completion of an investigation by the Lancaster County Detectives Unit for any Substantiated or Unsubstantiated allegations and recommendations include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. Sexual Abuse Incident Reviews are headed by the Facility Director at LCYIC. The Facility Director also serves as the Facility PREA Compliance Manager.

All Sexual Abuse Incident Reviews and findings are incorporated into the Annual PREA Report by the Facility Director. This information is reviewed by the Agency PREA Coordinator before its dissemination on the agency website.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. PREA Sexual Abuse Incident Review Form Template

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director
3. Interviews with Incident Review Team Members

115.387	Data collection
	<p data-bbox="240 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1473 432">(a) LCYIC PREA Policy states “The Youth Intervention Center will collect information related to the purposes outlined at the beginning of this policy in order to help the facility reduce the risk that sexual abuse and/or sexual harassment occurring within the facility. This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports.”</p> <p data-bbox="240 461 1445 622">This auditor was able to interview the Agency PREA Coordinator and Facility Director who confirmed the Facility Director collects uniform data for all allegations of sexual abuse and sexual assault and enters this data into the facility PREA Database. In addition, this auditor was able to review the facility PREA Database with the Facility Director to confirm compliance. There were no allegations of sexual harassment or sexual abuse at LCYIC during the past 12 months. Therefore, there were no allegations of sexual harassment or sexual abuse noted in the facility PREA Database.</p> <p data-bbox="240 651 1453 712">(b) LCYIC PREA Policy states “The data shall be collected, reviewed annually, and maintained from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p data-bbox="240 741 1473 938">The Agency Facility Director is responsible for gathering data on each reported incident of sexual abuse and sexual assault to aggregate an annual report. This auditor was able to review the 2021 Annual PREA Report. This Annual PREA Report provided in-depth information regarding PREA implementation throughout the facility. The Annual PREA Report notes allegation statistics, definitions, and a comparison of statistics from previous years. In addition to the 2021 Annual PREA Report, this auditor also noted agency Annual PREA Reports since 2014 were posted on the facility website. These Annual PREA Reports also noted allegation statistics, definitions, and a comparison of statistics from previous years.</p> <p data-bbox="240 967 1461 1061">(c) LCYIC PREA Policy states “This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports.”</p> <p data-bbox="240 1090 1490 1218">The LCYIC Annual PREA Report includes the data necessary to complete the United States Department of Justice Survey of Sexual Victimization. The 2020 Survey of Sexual Victimization was completed and submitted to the Department of Justice. This auditor was provided a copy of the 2020 Survey of Sexual Victimization that was completed and submitted to the United States Department of Justice to review and confirm compliance.</p> <p data-bbox="240 1247 1473 1411">(d) LCYIC PREA Policy states “The Youth Intervention Center will collect information related to the purposes outlined at the beginning of this policy in order to help the facility reduce the risk that sexual abuse and/or sexual harassment occurring within the facility. This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports.”</p> <p data-bbox="240 1440 1490 1603">During interviews with the Agency PREA Coordinator and Facility Director, this auditor confirmed LCYIC utilizes data collected from incident reports, reports, investigation files, and incident reviews on a PREA Database. This information is then used to formulate the facility’s PREA Annual Report each year. This auditor was able to review the PREA Database and there were no allegations of sexual harassment or sexual abuse during the past 12 months at LCYIC. Therefore, there were no allegations listed on the database.</p> <p data-bbox="240 1632 1465 1693">(e) This substandard is not applicable to LCYIC as the facility does not contract with private facilities for the confinement of its residents.</p> <p data-bbox="240 1722 1453 1783">(f) LCYIC PREA Policy states “The Youth Intervention Center will provide such data to the Department of Justice from the previous year no later than June 30 of each calendar year.”</p> <p data-bbox="240 1812 1430 1939">The Facility Director is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. The 2020 United States Department of Justice Survey of Sexual Victimization was submitted in 2021. This auditor was provided a copy of the 2020 United States Department of Justice Survey of Sexual victimization to review to confirm compliance.</p> <p data-bbox="240 1968 756 1998">Reviewed documentation to determine compliance:</p> <ol data-bbox="277 2049 651 2145" style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC PREA Database 3. 2021 LCYIC Annual PREA Report

4. 2020 United States Department of Justice Survey of Sexual Victimization
5. LCYIC Website

Interviews:

1. Interview with Agency PREA Coordinator
2. Interview with Facility Director

115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “The Youth Intervention Center will review all data collected pursuant to this policy in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. Preparing an annual report of its findings and corrective actions for the facility.” <p>This auditor interviewed the Agency PREA Coordinator and Facility Director they both stated the Facility Director reviews data collected and aggregated to assess and improve the effectiveness of agency prevention, detection, and response policies and trainings. They stated LCYIC ensures the data collected is securely retained in the facility PREA Database.</p> <p>(b) LCYIC PREA Policy states “The annual report prepared by the facility must include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the facility’s progress in addressing sexual abuse.”</p> <p>LCYIC completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2021 LCYIC Annual PREA Report and confirmed this report contained the above-mentioned data, comparisons, and corrective actions. This annual report, along with all facility annual reports since 2014, are posted on the facility website.</p> <p>(c) LCYIC PREA Policy states “The report will be made readily available to the public on the Youth Intervention Center’s website.”</p> <p>LCYIC Annual PREA Reports are approved by the Facility Director and made available through the facility’s website. This was confirmed during an interview with the Agency PREA Coordinator and Facility Director, and by reviewing the facility website.</p> <p>(d) The 2021 Annual PREA Report is posted on the facility website and was reviewed by this auditor. It was confirmed that specific material/information has been redacted from this report.</p> <p>The Agency PREA Coordinator and Facility Director were interviewed and both stated information that would present clear and specific threats to the safety and security of the program would be redacted from the annual report as noted in the LCYIC PREA Policy.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Website 3. 2021 LCYIC Annual PREA Report 4. LCYIC PREA Database <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director

115.389	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states “All data collected pursuant to this policy will be securely retained.”</p> <p>Interviews with the Agency PREA Coordinator and Facility Director confirmed LCYIC takes corrective action on an on-going basis utilizing the data collected. This corrective action has been noted in each Annual PREA Report that is prepared by the Facility Director and reviewed by the Agency PREA Coordinator on an annual basis.</p> <p>(b) LCYIC PREA Policy states “All sexual abuse data will made available to the public on the Youth Intervention Center’s website in the annual report.”</p> <p>LCYIC makes all aggregated sexual abuse data readily available to the public on the facility website. Each year, the facility’s Annual PREA Report is prepared by the Facility Director, reviewed by the Agency PREA Coordinator, and made available to the public through the facility website. LCYIC Annual PREA Reports since 2014 are posted on the facility website and were reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) LCYIC PREA Policy states “All personal identifiers will be removed as required by the Pennsylvania Juvenile Act and the Child Protective Services Law.”</p> <p>This auditor was able to review Annual PREA Reports posted on the facility website since 2014 and confirmed all personal identifiers were removed prior to being posted on the facility website.</p> <p>(d) LCYIC PREA Policy states “All data collected will be maintained no less than ten (10) years from the initial date of collection.”</p> <p>This was confirmed during interviews with the Agency PREA Coordinator and Facility Director, and by reviewing the LCYIC PREA Database.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Website 3. 2021 LCYIC Annual PREA Report <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interview with Facility Director
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115.401	<p>Frequency and scope of audits</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) LCYIC was audited during the second year of the first three-year PREA cycle (audited on October 27 – 29, 2014 and was found to be fully compliant on November 26, 2014), during the first year of the second three-year PREA cycle (audited on October 24 – 25, 2016 and was found to be fully compliant on January 17, 2017), and during the first year of the third three-year PREA cycle (audited on October 21 – 22, 2019 and was found to be fully compliant on December 3, 2019). These audit reports are posted on the agency website. This re-audit occurred during the first year of the fourth three-year PREA cycle on October 17 – 18, 2022.</p> <p>(b) LCYIC has met this standard by being audited during the first, second, and third 3-year PREA cycles.</p> <p>(h) This auditor had unimpeded access to all areas of LCYIC during the on-site portion of this audit. The administrative team at LCYIC accompanied this auditor on the tour of the facility. All areas in which residents have access to were toured.</p> <p>(i) This auditor received all requested documentation from the Facility Director in a timely fashion throughout the audit process.</p> <p>(m) This auditor was provided a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all housing units, visiting areas, and the facility lobby at least six weeks prior to the on-site portion of this audit (posted on August 22, 2022). An address was provided on this notification for the residents to be able to send confidential correspondence to this auditor. Dated photographs were emailed to this auditor to confirm the notifications were posted in the above-mentioned areas of the facility. This auditor did not receive any correspondence from any residents, staff, contractors, or volunteers.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC Pre-Audit Questionnaire 2. PREA Audit Notifications (English and Spanish) 3. Photographs of PREA Audit Notifications 4. Tour of Facility 5. LCYIC Website
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115.403	Audit contents and findings
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1477 331">(f) This auditor confirmed that LCYIC has published the Final Audit Reports from the first, second, and third PREA cycles on the agency website.</p> <p data-bbox="244 367 1485 456">This audit report notes that the agency-wide policies and procedures comply with the relevant PREA standards. This audit report also describes the methodology, sampling sizes, and basis for this auditor's conclusions regarding each standard. Any personally identifiable resident or staff information was redacted from this report.</p> <p data-bbox="244 488 756 515">Reviewed documentation to determine compliance:</p> <ol data-bbox="280 564 464 591" style="list-style-type: none"> 1. LCYIC Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	
	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

115.313 (a)	Supervision and monitoring	
	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

115.313 (b)	Supervision and monitoring	
	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.)	yes
	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)	Supervision and monitoring	
	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)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	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)	Limits to cross-gender viewing and searches	
	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)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	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.)	yes
	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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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)	Hiring and promotion decisions	
	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)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	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
115.318 (a)	Upgrades to facilities and technologies	
	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
115.318 (b)	Upgrades to facilities and technologies	
	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
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	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)	Evidence protocol and forensic medical examinations	
	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)	Evidence protocol and forensic medical examinations	
	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)	Evidence protocol and forensic medical examinations	
	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)	Evidence protocol and forensic medical examinations	
	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)	Policies to ensure referrals of allegations for investigations	
	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)	Policies to ensure referrals of allegations for investigations	
	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	
	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))	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?	yes
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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	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

115.333 (b)	Resident education	
	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
115.333 (c)	Resident education	
	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
115.333 (d)	Resident education	
	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
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	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
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	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
115.341 (b)	Obtaining information from residents	
	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)	Obtaining information from residents	
	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)	Obtaining information from residents	
	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)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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
115.342 (i)	Placement of residents	
	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?	yes

115.351 (a)	Resident reporting	
	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
115.351 (b)	Resident reporting	
	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
115.351 (c)	Resident reporting	
	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
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	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)	Resident access to outside confidential support services and legal representation	
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	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)	Resident access to outside confidential support services and legal representation	
	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

115.353 (d)	Resident access to outside confidential support services and legal representation	
	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
115.354 (a)	Third-party reporting	
	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
115.361 (a)	Staff and agency reporting duties	
	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
115.361 (b)	Staff and agency reporting duties	
	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
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	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
115.367 (a)	Agency protection against retaliation	
	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
115.367 (b)	Agency protection against retaliation	
	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
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	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).)	yes
	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).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	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
115.371 (g)	Criminal and administrative agency investigations	
	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?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	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

115.371 (m)	Criminal and administrative agency investigations	
	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
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	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
115.373 (b)	Reporting to residents	
	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
115.373 (c)	Reporting to residents	
	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)	Disciplinary sanctions for staff	
	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)	Corrective action for contractors and volunteers	
	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)	Corrective action for contractors and volunteers	
	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)	Interventions and disciplinary sanctions for residents	
	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)	Interventions and disciplinary sanctions for residents	
	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?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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)	Interventions and disciplinary sanctions for residents	
	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	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
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	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)	Data review for corrective action	
	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)	Data review for corrective action	
	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)	Data review for corrective action	
	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)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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	
	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.)	yes