

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report Click or tap here to enter text.

Auditor Information

Name: Karen Murray	Email: karen@preaauditing.com
Company Name: PREA Auditors of America. LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, TX 77429
Telephone: 720.402.1580	Date of Facility Visit: April 15, 16, 2019

Agency Information

Name of Agency York County Youth Development Center		Governing Authority or Parent Agency (If Applicable) County of York Pennsylvania	
Physical Address: 3564 Heindel Road		City, State, Zip: York, PA 17402	
Mailing Address: 3564 Heindel Road		City, State, Zip: York, PA 17402	
Telephone: 717.840.7570		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Mission of York County Human Services Division will be to provide equal access to services for the safety, and well-being of all eligible residents, in a timely and cost effective manner.

Agency Website with PREA Information: <https://yorkcountypa.gov/health-human-services/human-services-division.html>

Agency Chief Executive Officer

Name: Rodney Wagner	Title: Director
Email: rwwagner@yorkcountypa.gov	Telephone: 717.840.7187

Agency-Wide PREA Coordinator

Name: Kevin Shephard	Title: Assistant Director
Email: krshephard@yorkcountypa.gov	Telephone: 717.840.7187
PREA Coordinator Reports to: Rodney Wagner, Director	Number of Compliance Managers who report to the PREA Coordinator Zero. This facility names the Director as the PREA Manager and the Assistant Director as the PREA Coordinator.

Facility Information

Name of Facility: York County Youth Development Center			
Physical Address: 3564 Heindel Road, York, PA 17402			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 717.840.7570			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
			<input checked="" type="checkbox"/> Other
Facility Mission: To provide a safe and secure environment which enables residents to develop and strengthen their emotional, social, intellectual, and life skills to build a foundation for future success.			
Facility Website with PREA Information: http://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Rodney Wagner	Title: Director
Email: rwwagner@yorkcountypa.gov	Telephone: 717.840.7570

Facility PREA Compliance Manager

Name: Rodney Wagner	Title: Director
Email: rwwagner@yorkcountypa.gov	Telephone: 717.840.7570

Facility Health Service Administrator

Name: Angela Arndt, RN	Title: Heath Service Administrator
Email: amarndt@yorkcountypa.gov	Telephone: 717.840.7570

Facility Characteristics

Designated Facility Capacity: 36		Current Population of Facility: 30	
Number of residents admitted to facility during the past 12 months			278
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			219
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			253
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	10-20		
Average length of stay or time under supervision:			Click or tap here to enter text.
Facility Security Level:			Community Residential Shelter
Resident Custody Levels:			N/A
Number of staff currently employed by the facility who may have contact with residents:			43
Number of staff hired by the facility during the past 12 months who may have contact with residents:			12
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0

Physical Plant

Number of Buildings: 1		Number of Single Cell Housing Units: 36	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		3	
Number of Segregation Cells (Administrative and Disciplinary):		0	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The Youth Development Center uses 18 video cameras and recording for incident review and periodic supervisor verification of daily schedule and activity compliance. Retention of footage is approximately 13 days, due to movement. This auditor verified all cameras were operational in all 18 areas.

Medical

Type of Medical Facility:	N/A
Forensic sexual assault medical exams are conducted at:	N/A

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	0

Audit Findings

Audit Narrative

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

Pre-Onsite Audit Phase

The York County Youth Development Center (YDC), located at 3564 Heindel Road, York, PA 17402 contracted with PREA Auditors of America in January 2019 to conduct YDC's second PREA audit. The facilities first audit took place in August of 2016. PREA Auditors of America was established in 2014 to provide auditing services to state correctional, juvenile detention, community corrections and jail systems. PREA Auditors of America then contracted with probationary PREA auditor Karen Murray to conduct the facilities audit.

York County Youth Development Center serves as shelter, a holding center for youth on probation violations and or placement of children by the Office of Children Youth and Families when parents cannot provide adequate care and guidance. The average length of stay is 38 days. In 2010, the facility served as a detention facility, with individual cells, locked doors in a punitive environment. Since, the County removed locking mechanisms from doors and created a residential environment. The Assistant Director stated through this remodel the residents continue to be placed through the same agencies; however, their attitudes and behaviors have a positive response to the residential atmosphere.

The YDC facility is licensed by the Pennsylvania Department of Public Welfare as a community residential shelter, and is governed by the Board of Managers for York County. As a community residential shelter, approved YDC residents are allowed to attend their home schools and transportation is provided by YDC. Residents are allowed to use their family practitioners or use the facility Registered Nurse. Due to YDC being licensed as a residential shelter facility employees are not allowed to provide mental health services to residents. All mental health services are court ordered and provided by assigned county workers who conduct therapeutic services in a private area within the facility.

The YDC Vision is that residents of the Youth Development Center will become healthy, responsible citizens. The YDC Mission is to provide a safe and secure environment which enables residents to develop and strengthen their emotional, social, intellectual, and life skills to build a foundation for future success. The facility practices the Sanctuary model to help the residents and families get past this difficult time in their lives. The Sanctuary Model is an evidence-supported, trauma-informed, evolving, whole system organizational change process this is comprised of a number of components which are organized around "Four Pillars." Knowledge, Values, Language and Practice.

The YDC Board of Managers holds meetings at least quarterly with the Program Director to enhance communication, establish policy, and explore solutions for facility and or community problems. The Program Director also serves as the head of the agency and PREA Manager for the facility. The Assistant Program Director serves as the PREA Coordinator for the facility. The Assistant Program Director has the autonomy and responsibility of all policy writing, introduction and implementation for the facility.

On February 13, 2019, the auditor contacted the Assistant Program Director, Kevin Shephard, and introduced herself. This initial call was intended to set a date for the facilities initial call with the auditor to speak to first steps and the auditor process.

On February 25, 2019, the auditor conducted an introductory phone call with YDC Assistant Program Director, Kevin Shephard. At that time, Mr. Shephard was given instruction on the PREA on line audit system (OAS) or a google drive system for presenting the facilities standard compliance information.

The auditor then explained the issue log process to Mr. Shephard and informed him that there would be a color code process. Red highlighted items would indicate further information was required. Yellow highlighted items would indicate the uploaded document had questions or needed revision. Green highlighted items indicated the documents uploaded met pre audit standard requirements.

Mr. Shephard and the auditor then discussed communications moving forward. The decision was made contacting of one another could be made to either parties, at any time, and or the use of email communications through the secure email provided through PREA Auditors of America. The facility was provided instruction on the following:

1. OAS, timeline for all information to be uploaded onto the OAS and the pre audit questionnaire. The auditor explained logistics to include unimpeded access to the facility, documents and staff.
2. The auditors' role would be one of collaboration to achieve audit processes and purpose.
3. How collaboration would be accomplished to establish goals and expectations. The auditor would provide as many examples and or help, when possible, in order to help the facility reach compliance.
4. How discussion of corrective action could be accomplished during all phases of the audit.
5. The onsite audit phase would be scheduled for April 14, 15, 2019.
6. The notice of audit posting needed to be posted by March 4, 2019. The posting was provided to Mr. Shephard by the auditor in both English and Spanish. The notice provided included the auditor contact information and correct audit dates. The auditor requested pictures of the posting and areas where the notice was posted. Although postings pictures were provided, postings were on white paper. The auditor did not receive correspondence from residents at YDC.
7. The PAQ and all supporting documentation was to be completed and uploaded by February 15, 2019.
8. As described above, identification of issues with PAQ information provided though the issue log.

Mr. Shephard decided to upload all documentation to the secured google drive. On February 25, 2019, the pre audit process began. The auditor emailed Mr. Shephard the paper pre audit questionnaire, a blank version of an issue log and a draft schedule of on the onsite audit schedule. The auditor also reminded Mr. Shephard that this audit would cover a three-year period and all information uploaded would need to sustain this auditing period.

Document Review:

Throughout the course of the next four weeks, the auditor completed a review of 58 documents uploaded onto the secure google drive and provided feedback to Mr. Shephard via the issue log and email communications. The following issues were noted on the issue log during the pre-onsite audit phase.

1. 115.313 – The staffing plan was not adequate. Staffing plan was not on one document and did not have an annual review. Staffing plan was moved to one document and included all areas required. Annual review was established in the revised staffing plan.
2. 115.315 – Policy 4.16, Purpose of Resident Searches did not include instruction on intersex and transgender searches. Policy 4.16 was revised to include search language instruction for intersex and transgender searches.
3. 115.316 – Residents requiring interpreters did not have a documentation process. Policy 3.12 PREA was revised to state documentation of the use of interpreters would be documented on an incident report.

4. 115.317 – Facility was not completing institutional reference checks. The County of York revised the Agency Consent to Release Information for Prison Rape Elimination Act Compliance to include statements to allow for institutional reference checks.
5. 115.335 –Registered Nurse had not completed initial or ongoing refresher PREA training. Nurse completed initial and refresher training before auditor arrived for the onsite audit phase. The Nurse has been directed to and agreed to complete ongoing training as is prescribed by the facility.
6. 115.363 – The Director was unaware and policy stated 'facility staff' would make receiving programs aware of when past institutional abuse was reported. The auditor informed and the Program Director agreed to sustain this standard requirement. Policy 3.12 PREA was revised to include language the Program Director would make notifications.
7. 115.387 – Aggregate data posted on website included information for year 2016. Data did not include referrals of sexual abuse. Aggregate data was revised to include data for the past three years and to include referrals of sexual abuse.
8. 115.403 – Agency did not have their final audit report from 2016 posted on the agency website. The Agency uploaded the 2016 final PREA audit report.

The following 58 documents were reviewed during the pre and onsite audit.

YDC PAQ

2017, 2018, 2019 YDC Organizational Charts

A signed York County Youth Development Center Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet by the facility teacher. Dated March 7, 2019.

Agreement between York County Youth Development Center and Teamsters Local 776 Harrisburg, PA. Dated January 1, 2019 through December 31, 2022.

Confirmation of Receipt and Understanding of PREA Standards form. This document is used for both staff and any potential volunteers.

Email between YDC and YWCA agreeing to servicing YDC, dated July 6, 2019

Facility website: <http://yorkcountypa.gov/health-human-services/youth-deveopment-center>

Letter of Agreement with York Hospital, dated June 15, 2016. Email from York Hospital stating this document is in their 'green file' and is automatically renewed annually.

Memorandum of Understanding between York County District Attorney's Office and York County Youth Development Center, dated 'no month' 2016. On April 10, 2019, an email was received from Kyle G. King, DA Office, acknowledging receipt of the attached MOU as well as the content included therein and what is required of his office.

Memorandum of Understanding with PrimeCare Medical, Inc., dated January 1, 2016 (on site nurse is employed by PrimeCare.)

Resident brochure – What You Should Know About Sexual Abuse

Resident Orientation Packet – (One page is dedicated to PREA education and reporting information. The balance of the packet serves as information regarding phone, mail, medical and general programing offerings and instruction.)

Resident Safety Plan (document not dated)

RN Certificate of Completion of PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting

RN completion certificates in all PREA available trainings on the NIC website York County Youth Development Center Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior

Speak Up, Speak Out Posters in both English and Spanish posted on units.

York County Youth Development Medical and Surgical Consent Form

Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior

What You Should Know About Sexual Abuse resident brochure

YDC Annual PREA Summary Report

YDC PAQ

YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011

YDC Policy 2.04 Incident Reporting, dated June 6, 2011

YDC Policy 3.01, General Client Rights, dated August 1, 2018

YDC Policy 3.02, Grievances, dated August 1, 2018

YDC Policy 3.12, PREA Rape Elimination Act, dated April 15, 2019.

YDC Policy 3.12.413 Staffing Placement

YDC Policy 3.13, Prison Rape Elimination Act, dated April 1, 2019

YDC Policy 4.16, Purpose of resident searches, dated April, 12, 2019.

YDC Unannounced Rounds Tracking Form

YDC Unannounced Rounds, dated June 23, 2016 through March 2, 2019

York County Policy Manual, Policy Number: GI-19.0, effective date: August, 19, 2015, Subject: Child Protective Services Law

York County Policy Manual, Policy Number: GI-19.0, effective date: August, 19, 2015, Subject: Child Protective Services Law, (envelop a potentially broader group of individuals who provide child protective services.)

York County Policy Manual, Policy Number: GI-19.8, effective date: August, 19, 2015, Subject: Child Protective Services Law

York County Youth Development YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011

York County Youth Development Center Case Manager PREA Review – 10 Day, form not dated

York County Youth Development Center Case Manager PREA Review with Residents

York County Youth Development Center Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet. This document is not dated.

York County Youth Development Center Intake PREA Orientation (document is not dated)

York County Youth Development Center Monthly PREA Refresher Training for Residents

York County Youth Development Center Monthly PREA Training for Residents. Form not dated

York County Youth Development Center PREA Training Agenda for Staff

York County Youth Development Center PREA Training Agenda for Staff (Blank grid)

York County Youth Development Center Sexual Abuse Incident Review form (form not dated)

York County Youth Development Center Survey of Sexual Violence

York County Youth Development Center Training Agenda, dated March 4, 2019

York County Youth Development Center Training Attendance Log, dated March 4, 2019

York County Youth Development Center, Survey of Sexual Violence Summary, 2016, 2017, 2018 and 2019 data.

York County Youth Development Center's Consent to Release Information for Prison Rape Elimination Act Compliance. (document not dated)

York County Youth Development Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet

York County Youth Development Grievance Form

York County Youth Development Intake PREA Orientation form

York County Youth Development Medical and Surgical Consent Form

York County Youth Development Monthly PREA Refresher Training for Residents

YWCA phone numbers posted by each phone in the facility. (Phones on each living wing.)

Zero Tolerance for Sexual Abuse and Harassment Pamphlet – document used for potential Volunteers and Contractors.

Zero Tolerance of Sexual Abuse and/or Harassment for potential Contractors and Volunteers brochure, dated May 2016

During the email conversations this auditor requested facility forms and the primary Prison Rape Elimination Act Policy 3.12, be revised to include required information from PREA standards, the pre audit questionnaire or the final report.

Resident Demographics:

The auditor requested a current resident roster inclusive of:

1. Residents with disabilities;
2. Residents not fluent in English;
3. LGBTQI residents
4. Past residents housed in isolation or segregated from main population;
5. Residents who reported sexual abuse or who reported sexual victimization during rusk screening.
6. All grievances and allegations made in the 12 months preceding the audit.
7. All incident reports from the 12 months preceding the audit.

Reported Allegations – External Investigating Agencies:

The auditor was informed by the Assistant Program Director of the categories requested no residents met the criteria except one resident who had reported sexual abuse, twice. Due to the facility having external agencies conduct criminal investigations, the auditor contacted the following:

On March 29, 2019 at 3:15 p.m. the auditor contacted Detective Ward, a County Detective with the York County District Attorneys' Office, Special Crimes Unit, 45 North George Street, York, PA 17401, phone number 717.771.9600. Detective Ward has held his current position with the Special Crimes Unit for the last four and one half years. Upon asking Detective Ward the current process for investigations involving the YDC, he reported the following:

1. All reports of child abuse or neglect are called into the state's ChildLine and or filed on line at www.pa-fsa.org. ChildLine is operated by Pa Family Support Alliance. (Contact phone number for ChildLine is 1.800.932.0313.) Such reports are then screened by ChildLine and those warranting investigation are sent to the York County District Attorneys' office for him to investigate.
2. Detective Ward reported that once he begins an investigation the resident can either answer questions at their home, current placement or the police station with the consent of their guardian(s). All parties involved in the incident have an advocate from the Child Advocacy Unit during questioning. Detective Ward stated under most circumstances residents are interviewed and asked to write statements within two to three weeks. Detective Ward then decides if charges will be pressed based on his determination of the perpetrator having committing the act for sexual gratification.
3. Detective Ward stated he will contact the facility, victim and their guardian and the perpetrator with the outcome of the investigation, regardless of the outcome. Detective Ward reported that charges are usually pressed or dropped within one month of the incident occurring.
4. Detective Ward wanted to add that he has a good working relationship with the YDC Director and Assistant Director.

On April 4, 2019 at 12:16 p.m., the auditor spoke with Detective Ray Craul with the Springettsbury Township Police Department, 1501 Mount Sion Road, York, PA 17402, contact number 717.757.3525. Detective Craul stated when his investigator Melissa Weaver arrived at the facility to speak to the victim, the victim stated she "did not want to say anything or get anyone in trouble." Investigator Melissa Weaver discussed this outcome of this interview with Detective Ray Craul and the York County District Attorney's Office. Together they decided not to complete an investigation as the victim did not want to cooperate. Pursuant to YDC policy, this investigation was then completed by the Department of Human Services for the State of Pennsylvania. A second incident, with the same victim, occurred on March 17, 2019, involving an unwanted touch of the victims' bottom

through clothing. This allegation is currently being investigated by Detective Dana Ward, Jr., with the York County District Attorneys' Office. On April 16, 2019, this auditor reconnected with Detective Ward and requested the status of this investigation. Detective Ward explained that due to the incident taking place outside his jurisdiction, the case was referred to the Springettsbury Township Police Department approximately one week ago. Detective Ward explained that currently the Springettsbury Township Police Department is scheduling interviews with the victim and witnesses of the possible incident. Detective Ward explained this process would take another three to four weeks to complete.

Although the facility had two allegations of sexual abuse, one was not investigated due to the resident refusing to cooperate. As is described above, the second allegation was a hand touch to the bottom, over clothing. The police department had not yet completed the investigation at the close of this final report.

Facility Staff:

The auditor requested a complete staff roster to include names, position and years of service. Upon receiving the staff roster the auditor learned the facility had:

1. No volunteers;
2. Medical staff, one RN who worked with the facility through a Memorandum of Understanding with PrimeCare
3. Teaching staff are unionized through the Teamsters Local 776. The union agreement is dated through 2021. The Union Agreement includes language to ensure all teaching staff abide by YDC's policies and procedures.
4. There are no contracted personnel.
5. All employees serve as first responders, intake staff and complete risk assessments.
6. The Program Director serves as the PREA Manager, head of the facility, head of the agency, retaliation monitor and completes unannounced rounds.
7. The Assistant Program Director serves as the PREA Coordinator, Human Resources, retaliation monitor and completes unannounced rounds.
8. Shift Supervisors serve as retaliation monitors and complete unannounced rounds.

Outside Services:

The facility reported zero hotline calls made in the last 12 months. The auditor contacted the state hotline, "ChildLine", phone number 1.800.932.0313, on April 4, 2019 at 11:50 pm. The ChildLine operator stated they receive calls for the state of Pennsylvania and forward reports to the appropriate receiving agency.

Advocacy services are provided by the YWCA. The auditor contacted the YWCA, phone number 800-422-3204, on March 19, 2019 at 7:22 am. Initially the auditor was told by the staff who answered the phone that although they were not aware of YDC, they do serve anyone who calls. The facility did produce an email from the YWCA stating services are and would be provided to YDC.

The facility has an automatic annual renewal letter of understanding with York Hospital SANE/SAFE unit for sexual examinations. The auditor spoke with Emily Huggins, department lead, contact number 717-725-1605, on April 5, 2019 at approximately 2:00 pm.

Research:

Through internet and the agency website research, the auditor did not find any negative findings from newspapers, law suits, past audits or local oversights. For all appearances and reports neither the York County Detective Ward, Springettsbury Police Detective Craul, York Hospital SANE//SAFE Nurse Emily Huggins had negative comments regarding the facility. Although the auditor information was posted to prepare residents and staff of the upcoming audit, there was no confidential contact made before, during or after the audit.

Approximately one week before the onsite this auditor supplied the facility with a final on site schedule which consisted of day one beginning at 9:00 am through 11:00 pm to complete a site review, many interviews and begin file audits. Day two was to begin 8:00 am to 3:00 pm, to complete interviews, finish file reviews and have to time to close out with staff and explain next steps.

Onsite Audit Phase

On April 15, 2019, at 9:00 am, the auditor arrived at the Youth Development Center and met with Assistant Program Director Kevin Shephard to discuss final YDC documents needing revision. The auditor was then introduced to Program Director Rodney Wagner. The Program Director, Assistant Program Director and auditor discussed the upcoming days schedule, how interviews and files would be chosen.

Site Review:

York County Youth Development Center serves as shelter, a holding center for youth on probation violations and or placement of children by the Office of Children Youth and Families when parents cannot provide adequate care and guidance. The average length of stay is 38 days. The Youth Development Center is a single building which houses 36 beds in three wings. Each wing houses 12 beds. Two wings have two bathrooms, each with two showers and two toilets. The facility houses males and females in each wing, ages 10-20 who are referred by juvenile probation or the Office of Children, Youth and Families. All youth admitted must be healthy and free of drugs and alcohol. The facility employs 43 staff. Of those staff there is one Program Director, one Assistant Program Director, an Administrative Assistant, three Shift Supervisors, a Staff Trainer/Shift Supervisor, two Case Managers and 33 Youth Counselors.

Processes and areas observed:

On the day of the on-site review the facilities youth population was 27. The facility had a total of 17 programmatic areas, to include:

1. One Intake area near the sally port. There were no intakes during the on-site review. However, the auditor witnessed:
 - a. where residents were kept during intake,
 - b. where personal belongings were housed,
 - c. where residents completed the intake process, to include screening for risk assessments, classification and initial PREA education,
 - d. where residents were searched,
 - e. shower area for intakes.
2. Records storage, security of classification and screening data were housed in the Case Management office, adjacent to the Intake area.
3. Residents were able to request an official grievance or write their issues on any type of document and place in the locked PREA boxes situated in every day room, hallway and administrative area.
4. Cross gender announcements were not apparent. Speaking with the Assistant Program Director, he stated male and female staff and residents were always in each wing. The auditor did recognize this to be the case each time she was in areas with residents.
5. Phones were available in two private counsel rooms in the hallway outside of resident wings. Phones were located in each wing and the dayroom area. All phones had facility, emergency, and advocacy numbers to include the state hotline, ChildLine, YWCA, and the Springettsbury. Police Department.
6. The auditor was allowed to speak with staff and residents during the site review. Questions asked during the review included:
 - a. Was the current staff to resident ratio typical? Of those questioned each replied yes.
 - b. Could residents call legal counsel or outside advocacy services at any time? Of those questioned each replied yes.
 - c. Did they feel safe in this environment? Of those questioned each replied yes.
7. Interpreter services were completed by on shift staff.

Specific area observation:

1. Three housing units/wings. Wings were titled A, B and C. Each with 12 bedrooms. Of the 36 single bedrooms, two were past wet cells and water had been turned off. Observations of wings consisted of:
 - a. The Shelter Wing or 'C' Wing. 'C' Wing had bedrooms on each side of a large day room in the middle of the wing. Each bedroom had a curtain on the outside of the window that allowed for complete privacy. Each bedroom had a mural on the far wall, which covered the wall. Each room had a different theme of a jungle, beach, etc., very appropriate for the resident population. Each bed had a home like comforter and resident postings, making the bedrooms a home like environment. C Wing was equipped with one bathroom which housed one shower and two toilets. PREA and SANE/SAFE posters were present as was the posting of this upcoming audit. On the wall near the phone was a laminated list of phone numbers to include the YWCA. All furniture in the day room was appropriately placed as not to create any blind spots. 'C' Wing is equipped with two cameras placed at opposite ends of the room.
 - b. Access to 'A' and 'B' Wings resided at opposite sides of a second large day room. Both 'A' and 'B' Wings were set up identical to 'C' Wing except 'A' Wing had three cameras and there is a wet cell on each Wing and two bathrooms on each Wing. Each bathroom had two showers and two toilets. Although there were two showers in each bathroom, residents were only allowed to shower one at a time. PREA and SANE/SAFE posters were present as was the posting of this upcoming audit. On the wall near the phone was a laminated list of phone numbers to include the YWCA.
 - c. Residents reported clothes were changed in the bathrooms. If clothes were ever changed in resident bedrooms, the curtain covered the window and staff would knock before removing the curtain.
 - d. Two or more staff of opposite genders were posted in each Wing. A staff desk was placed in each Wing.
2. Programming and A&B Wing educational areas consisted of a large day room with a pool table, ping pong table, air hockey table with tables and chairs. The large day room was bright with natural lighting, had PREA and SAFE/SANE posters, to include the posting of the upcoming audit. The day room has two cameras placed at opposite ends of the room. Access to two classrooms, a staff breakroom and the computer room was on one side of the day room. Two classrooms were located on the opposite wall of the day room. Residents were engaged in school during the day and playing on game equipment after school. Several staff were in the education classrooms and day room each time the auditor visited the areas. A separate Shelter classroom is located at the end of the interior hallway and was equipped with one camera.
3. Staff had a breakroom near the day room. This breakroom had been converted from a Control Room to provide staff a place of refuge.
4. The interior building hallway between the Wings was bright and full of artwork from residents. The hallway was a large internal perimeter that provided access to all areas of the facility. In the center of this interior perimeter is a courtyard. The courtyard is equipped with two cameras. This hallway is equipped with six cameras throughout.
5. Case Managers were provided a shared office near the Intake area.
6. The administration area of the facility was comprised of the Director, Assistant Program Director, Trainer and Shift Supervisor offices, a conference/training room and an area for the Administrative Assistant. A half wall with a window and small opening in the at the front of Administration separated the lobby from the administrative area. Residents do not frequent the Administrative Area without staff. There is one camera in the Administrative area. The lobby was large, bright and open, equipped with two bathrooms both with YWCA and SAFE/SANE postings located inside. The lobby had one camera. A locked door separated the lobby from a hallway.

7. The medical department was comprised of a small exam room, file room with resident records in locked filing cabinets and a restroom with a door. The medical office was equipped with educational sheets on sexually transmitted diseases. There was not a camera in the medical department.
8. The facility is equipped with a dining area and kitchen; however, food is not prepared on site. Meals are delivered from the York County Prison which neighbors the YDC. Residents are served food in the dining hall, but do not enter the kitchen area. The dining room is equipped with one camera. The kitchen area, store room and laundry room connect to the dining area none were equipped with cameras.
9. A large gymnasium is available in the center of the facility and is equipped with two cameras.
10. The facility is housed with 18 total cameras, all accessible in the Program Directors office and all cameras were operable.

Interviews:

The auditor requested a current position control roster showing staff name, title, tenure, shift and position assignment. Random names were highlighted on the roster provided based on the above criteria. Of those random staff chosen, those same staff files were chosen for review. (Before interviews with staff and residents, the auditor introduced herself, explained the audit process, ensured those being interviewed were comfortable being interviewed and understood the process. All interviews were conducted in a private office in the administrative area.)

Staff Interview Category	Minimum Required	Completed
Program Director: Agency Head/Contract Administrator/Warden/Facility Head/PREA Manager/Retaliation monitoring/conducts unannounced rounds.	1	1
Assistant Program Director: PREA Coordinator/Human Resources/Retaliation monitoring/conducts unannounced rounds.	1	1
Random Staff: All staff are responsible for screening of risk of victimization, supervision of residents if segregated, first responders, intake and searches.	10	10
Specialized Staff		
Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds	1	3
Line staff – same as random staff in this review	1	n/a
Education staff	1	1
Program staff who work with youthful inmates – same as random staff in this review	1	Random staff
Medical staff	1	1
Mental health staff – none at this facility due to license type	1	n/a
Non-medical staff involved in cross-gender searches – same as random staff in this facility	1	Random staff
Administrative (human resources)staff – same as Assistant Program Director	1	Asst. PD
Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff – Nurse Emily Huggins from York Hospital	1	1
Volunteers – none at this facility	1	n/a
Investigative staff at agency level – none at this facility; however, interviewed two from outside of agency	1	2
Investigative staff at facility level – none at this facility	1	n/a
Staff who perform screening for risk of victimization and abusiveness – same as random staff at this facility	1	All staff
Staff who supervise inmates in segregated housed – same as random staff at this facility	1	All staff

Staff on the sexual abuse incident review team – same as Program Director, Assistant Program Director, Site Trainer and outside agencies. All interviewed	1	n/a
Designated staff member charged with monitoring retaliation – same as Program Director, Assistant Program Director and Shift Supervisors at this facility. All interviewed.	1	n/a
First responders, security staff – all staff serve as first responders	1	All staff
First responders, non-security staff – all staff serve as first responders	1	All staff
Intake staff – all staff serve as intake staff	1	All staff
Total Specialized staff		8

Targeted Staff:

Targeted interviews included:

1. The Program Director - Head of Agency/PREA Manager: During the pre-audit, this auditor requested the YDC Policy 3.12, Prison Rape Elimination Act be revised to state the Program Director must contact a receiving Program Director when abuse is reported from another facility. This information was revised; however, the Program Director was not aware of this requirement during the interview. The Program Director is now aware and in agreement he will make this notification.
2. Assistant Program Director – PREA Coordinator/Human Resources
3. Registered Nurse serves under a memorandum of understanding with YDC and PrimeCare: During the pre-audit, this auditor noted that the Registered Nurse had only completed specialized training for medical and mental health and did not have the initial and annual refresher trainings required of her position. The Registered Nurse completed the required trainings before the onsite phase and agreed during the interview she would complete annual training through the NIC website. The nurse has been at the facility for 3 ½ years.
 - a. Teacher contracted through union agreement. Although the teacher had signed a contractor/volunteer PREA acknowledgement, he was not aware of outside or third party options for resident reporting. The Assistant Program Director has contacted the union and suggested teaching staff attend training more in depth to PREA standards.
4. Shift Supervisors from all three shifts and the staff trainer.
 - a. Targeted staff interviewed knew and understood PREA requirements for their work assignments. Each stated they completed unannounced rounds, were privy to outside investigation entities, served as first responders, intake staff, completed risk assessment and searches.

Random Staff:

Of the 10 random staff interviewed, four were females and six were males. Six staff were from day shift who were assigned in each of the three wings; three were from second shift, each assigned to different wings and two were from night shift, one from a wing and one supervisor who worked throughout the facility. Employee tenure ranged from six weeks to 18 years of service.

Random staff interviewed were able to describe:

1. Correct procedures for intakes, to include risk assessments, residents placed on 'phase' if their risk was vulnerable to victimization or sexually aggressive.
2. One random staff interviewed served as a translator for Spanish speaking residents. To date she had not had the opportunity to translate. Other random staff interviewed could speak to the translation procedure and all knew translation services could not include the use of resident interpreting.
3. Staff were able to articulate several internal and external ways for residents to report sexual harassment or sexual abuse for residents and themselves, if necessary.
4. Of those staff interviewed, each reported they would immediately report sexual harassment or sexual abuse to their supervisor and make a ChildLine call, as is state mandated policy.
5. Most staff were aware of the YWCA's role for advocacy.

6. All staff interviewed stated residents were allowed to have unmonitored phone calls to legal representatives and or make ChildLine calls when reporting abuse or any issue where they believed their rights to be violated.
7. All staff interviewed in regard to first responder duties were able to describe the procedure well enough to ensure residents were separated, safe and how to preserve the room/evidence.
8. Staff interviewed knew outside investigative entities were comprised of the Springettsbury Police, the York County District Attorney and sometimes the Department of Human Services.
9. Staff interviewed stated they announced their gender when entering the wing; however, residents did not collaborate these announcements. The Assistant Program Director reasoned there were normally two genders of residents and staff on each wing at all times; however, the announcement would take place if only one staff gender was present.
10. Staff interviewed described that they had one full training day every six weeks and in most cases this training included a PREA topic.

Staff training files:

Staff training files (same as random staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. Review of staff training files demonstrated staff had refresher training four to five times per year dating back to 2015, where applicable. Each staff file reviewed had completed all PREA training topics on the NIC website, annually. All staff had been trained on transgender or intersex pat down and or searches; however not all remembered the exact training. All staff stated they would ask the supervisor in charge how to proceed before searching these residents. This information was shared with the YDC Assistant Program Director and he agreed this training topic could be revisited.

Personnel files:

Staff personal files (same as random staff interviewed) was conducted by utilizing the PREA Audit – Juvenile Facilities Documentation Review - Employee* Files Records template. All required components for staff files were reviewed for compliance from August 2015 through April 2019. Staff personal files reviewed were 100% compliant with initial and five year requirements, where applicable. The State of Pennsylvania did not mandate federal background checks until 2015, therefore staff hired before the mandate did not have federal background checks until such time. All staff had mandatory reporter training and all staff had initial and multiple annual PREA refresher trainings. Staff hired before and after 2015 did not have institutional reference questions. The County of York agreed on April 16, 2019 to add these questions to the York County Youth Development Center’s Consent to Release Information for Prison Rape Elimination Act Compliance.

Resident Interviews:

On the first day of the on-site review, the auditor requested a current resident roster detailing gender, length of stay and unit assignment. The auditor highlighted resident names based on Wing, length of stay, and gender. There were ten total resident interviews, three from the Shelter C Wing, three from Detention A Wing and four from Detention B Wing. Of those interviews four were female and six were male. Ethnicities consisted of two white, two black and six Hispanic residents. There were no targeted residents in the facility or residents who identified as LBGTQIA. Through review of resident risk assessments and collateral information in resident files and interviews the auditor determined there were no targeted residents at the time of the review. There was one resident who reported, during the auditors interview, abuse occurred by his father before entering the facility. The auditor asked the youth if he reported this abuse prior to entering the facility and he stated his father had been investigated and penalized for this abuse.

Total population during on-site review 27	Total bed capacity 36
Overall minimum number of resident interviews 10	Numbered required 10
Minimum number of random resident interviews 5	Number interviewed 10

Minimum number of targeted resident interviews 5	Numbered interviewed 0 – no targeted residents at this facility
Breakdown of required targeted resident interviews	
Residents with a physical disability - 1	Number interviewed 0 – no targeted residents at this facility
Residents who are blind, deaf, or hard of hearing - 1	Number interviewed 0 – no targeted residents at this facility
Residents who are LEP - 1	Number interviewed 0 – no targeted residents at this facility
Residents with a cognitive disability – 1	Number interviewed 0 – no targeted residents at this facility
Residents who identify as lesbian, gay, or bisexual - 1	Number interviewed 0 – no targeted residents at this facility
Residents who identify as transgender or intersex – 1	Number interviewed 0 – no targeted residents at this facility
Residents in isolation – 1	Number interviewed 0 – no targeted residents at this facility
Residents who reported sexual abuse – 1	One resident had reported sexual abuse twice, however she had exited the program before the on-site review – number interviewed 0
Residents who reported sexual victimization during risk screening - 1	Numbered interviewed 0 – no targeted residents at this facility

Of the ten residents interviewed:

1. All residents interviewed felt safe.
2. All but one resident interviewed stated they were educated on PREA at intake. The resident who stated she was not educated had signed intake documentation that she received and understood the PREA education and information she received. This resident had been at the facility for four days.
3. Each resident interviewed was aware of several ways to report abuse internally and externally – mimicking facility documentation reviewed during the pre-audit phase.
4. Residents interviewed were in unison when describing policy to only change clothes in the bathroom, one resident showered at a time, and staff knocked on bedroom doors before removing bedroom curtain to ensure residents were dressed
5. Residents interviewed were aware family members, friends or legal representatives could make third party reports if they were not comfortable reporting on their own.
6. Residents interviewed stated telephone procedures for legal and or PREA calls could be made in private, without monitoring or recording immediately upon request. Such phone calls could be made in the private counsel rooms in the hallway.
7. Residents interviewed spoke to the outside YWCA advocate phone number being posted by Wing telephones.
8. Each resident interviewed was aware of his/her right to report anonymously.
9. Of the random residents chosen for interviews, two were not available. One was off site at school and one had not returned from court. In exchange, two additional residents from the same wing were interviewed.

Resident files reviewed were of those residents interviewed, and files containing incident reports of sexual abuse. The auditor utilized the PREA Audit Juvenile Facilities Documentation Review Resident Files/Records template. Every resident file reviewed was 100% compliant for all areas required on the file review template. All resident files reviewed had intake documentation for risk assessments, PREA initial education, 10-day refresher training with their case manager and monthly refresher training with staff documented, if residents were at the facility at the time of the monthly refresher training.

Other documents and information requested or reviewed:

Inmates with disabilities	None at the facility
Inmates who are LEP	None at the facility
LGBTQI inmates	None at the facility
Residents in isolation	Not utilized at this facility
Residents who reported sexual abuse	Spoke with outside investigating agencies at length
Grievances made in the last 12 months preceding the audit	None reported at this facility
Incident reports from the 12 months preceding the audit	None pertaining to PREA
All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit	Two reported, both referred to outside investigating agencies, same resident alleging. Both reviewed with outside investigating agencies
All hotline calls made during the 12 months preceding the audit	None reported from facility or hotline 'ChildLine'

Post Audit Phase:

The interim report was presented to the facility on April 25, 2019. The auditor and Assistant Program Director emailed on:

1. April 22: Assistant Program Director submitted the first proof version of aggregate information for final review. Information was found to be sufficient.
2. April 24, 2019: Auditor questioned when the 2016 Audit report and aggregate data would be posted on the agency website. Both were posted on April 25, 2019.
3. All other corrective action areas were completed before or during the on-site review.

Facility Characteristics

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

The York County Youth Development Center (YDC), is located at 3564 Heindel Road, York, PA 17402. The facility was built in 1971 as a 24 bed detention and 12 bed shelter. In 2010 the facility transitioned to a 24 bed shelter. In 2012, the facility went to a 36 bed community based shelter for both male and female residents.

The average daily population for the last 12 months is 26 residents. The actual population on the day of the on-site audit was 27 residents. There were 22 males and five female residents. Of those residents 11 were White, five Black, nine Hispanic and two of other ethnicities.

Total number of staff were 43 with 33 security staff, to include shift supervisors. YDC is a staff secure facility. The facility does not utilize volunteers, interns or contractors.

There are three wings, each housing 12 single cell bedrooms for a total of 36 single bedrooms. There are no open bay dorms at YDC. YDC does not house or utilize areas for isolation. Residents are only segregated through one staff to one resident ratio if the resident or staff believe the resident to be unsafe. The facility is housed with 18 total cameras, all verified to be in working order through the auditor.

The facility location is on the edge of York County Pennsylvania. The adult York County Prison is located on adjoining grounds of the YDC. The YDC facility does not have a security fence around the entire perimeter; however, a fence is present in the back courtyard. Residents stated they do utilize the courtyard; however, were not seen outside during the on-site review. The facility also houses a large gymnasium that is used for weekly for exercise. Administrative areas are separated from programming areas via a locked door and entry area for outside visitors. Staff have a breakroom in the center of the facility, adjacent to resident day rooms and the education classrooms. Custodial services are conducted by two York County staff who were assigned three county buildings to include YDC. The facility does not have a master control area. Access to camera controls are located in the Program Directors office. Cameras are used for training opportunities and review after incidents. The intake area is near the rear of the facility attached to the sally port. The intake area is used for resident personal property, file storage and a case management office. The medical office is separated from the intake area by a wall and locked door.

The facility does have on Registered Nurse who works a typical Monday through Friday 40-hour work week. The nurse is available to take phone calls outside of her normal business hours. Due to the current facility license, all mental health services must be court ordered. Mental Health services are conducted by a York County mental health therapist. YDC does not employ mental health staff.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 7

331, 333, 342, 351, 352, 354, 386

Number of Standards Met: 36

311, 312, 313, 315, 316, 317, 318, 321, 322, 332, 334, 335, 341, 353, 361, 362, 363, 364, 365, 366, 367, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 387, 388, 389, 401, 403

Number of Standards Not Met: 0

All standards have been met

Summary of Corrective Action (if any) 0

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, PREA Rape Elimination Act, dated April 15, 2019.
 - c. 2017, 2018, 2019 YDC Organizational Charts
 - d. York County Youth Development Center, Survey of Sexual Violence Summary, 2016, 2017, 2018 and 2019 data.
 - e. Confirmation of Receipt and Understanding of PREA Standards form signed by staff and potential volunteers.
 - f. Zero Tolerance for Sexual Abuse and Harassment Pamphlet – for potential Volunteers and Contractors.
 - g. Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
 - h. YWCA phone numbers posted by each phone in the facility. (Phones on each living wing.)
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Targeted staff
 - d. Assistant Program Director / PREA Coordinator
 - e. Program Director / PREA Manager
3. Site Review Observation:
 - a. PREA / Sexual Abuse postings
 - b. YWCA phone numbers postings – this phone number is part of the staff extension, cell and emergency phone numbers phone list.

115.311

- (a) The YDC PDQ states the facility has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates. The YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019, policy statement states “The County of York has zero tolerance towards all forms of sexual abuse and sexual harassment of all residents at the York County Youth Development Center.”
The YDC Policy 3.12, Prison Rape Elimination Act, page 16, paragraph b. states: ‘The Youth Development 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: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the

facility.”

- (b) The YDC PDQ states the facility employs or designates an upper level, agency wide PREA Coordinator. In addition, the PDQ states the PREA Coordinator has sufficient time and authority to develop, implement and oversee agency efforts to comply with PREA standards.

The YDC Policy 3.12, Prison Rape Elimination Act, page 1, second paragraph under definition, states ‘Definition’ – PREA Coordinator and Compliance Manager, line item 2, states “The Director of the Youth Development Center will serve as the facility’s PREA Compliance Manager and will be responsible for coordinating all of the Youth Development Centers’ efforts to comply with the PREA standards.” However, the Assistant Director serves as the agency-wide PREA Coordinator and is responsible for developing, implementing and overseeing the County’s efforts to comply with the PREA Standards at the YDC as it is the only facility of its kind in the county. In addition, review of the YDC Organization chart, dated 2019, designates the Assistant Director as the PREA Coordinator and the Program Director as PREA Manager.

During observation of the facility, interviews with both residents and staff and review of resident and staff files, it was evident that this facility interweaves requirements for this provision in their daily protocol. Both residents and staff could speak to the facility PREA practices and protocols being followed as is described in the facilities Policy 3.12, Prison Rape Elimination Act.

Through such reviews, the facility meets this standards requirements.

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

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

115.312 (a)

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

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. Resident Files
2. Interviews
 - a. Assistant Program Director / PREA Coordinator
 - b. Program Director / PREA Manager
 - c. Random staff

115.312

- (a) The YDC PAQ states the agency has not entered into or renewed a contract for the confinement of their residents. This agency does not operate more than one facility; therefore, the PREA Coordinator implements the facilities PREA initiatives solely at the York County Youth Development Center. YDC Policy 3.12, Prison Rape Elimination Act, page 1, under Contracting with outside entities for the confinement of residents, states, "The Youth Development Center does not contract with any other entities for the placement of residents."
- (b) The YDC PAQ states the number of contracts referenced in 115.312(a)-3 that do not require the agency to monitor contractor's compliance with PREA Standards is zero. As stated in provision (a) of this standard, the YDC does not contract with outside entities for the placement of their residents.

After interviewing staff and reviewing resident files, it was evident that this facility does not contract for confinement of their residents.

Through such reviews, this standard is not applicable.

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No

115.313 (b)

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

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.313 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. YDC Policy 3.13, Prison Rape Elimination Act, dated April 1, 2019
 - d. YDC Policy 3.12.413 Staffing Placement
 - e. YDC Unannounced Rounds, dated June 23, 2016 through March 2, 2019
 - f. YDC Unannounced Rounds Tracking Form

2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Targeted staff
 - d. Assistant Program Director / PREA Coordinator

3. Site Review Observations:
 - a. Staff to resident ratios 3:1

115.313

- (a) The YDC PAQ stated the facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staff plan. The facility initially presented YDC Policy 3.12, Prison Elimination Act, page 1, 1. Under Supervision and Monitoring to support their staffing plan. After much research and discussions between the YDC Assistant Director and this auditor, we determined that the facility had not met the intent of Standard 115.313 as the staffing plan components were not sustained in this policy format. On April 1, 2019, the YDC Assistant Director submitted and implemented YDC Policy 4.13, Staffing Plan. Policies 3.12 and 4.13, combined speak to the elements of the staffing plan.
 - i. One supervisor will be on duty at all times.
 - ii. The Pennsylvania Department of Public Welfare's "Child residential and Day Treatment Facilities", licensing requirements, 55 Pa code 3800.1, which require line staff ratio of a minimum of 8:1 be maintained during waking hours and 16:1 during sleeping hours when the residents are secured in their rooms;
 - iii. Generally accepted detention, shelter and alternative program practices to include daily school programming; residents attending their home schools; outside court ordered therapy; recreation and free time each day.
 - iv. Any judicial findings of inadequacy from the Pennsylvania Department of Public Welfare, York County Human Services or any other entity who may audit due to contractual requirements.
 - v. Any inadequacy findings from the Federal investigative agencies;
 - vi. All components of the physical plant will continually be monitored to include camera operations and placement and ensure possible blind spots are removed or supervised.
 - vii. The composition of the resident population will not be more than the facility is currently licensed. Male and female residents can be placed on all wings with male and female staff supervision.
 - viii. Shift assignments cite specific and general instructions for the operation of staff positioning throughout the facility.
 - ix. Staff is required to submit a list of changes that have occurred, or in their opinion, should occur in the operation of their positions.
 - x. Residents shall be supervised at all time. Residents shall be supervised by conducting observational checks of each child within 15-minute intervals during sleeping hours. Observational checks during sleeping hours shall include actual viewing of each resident. Such checks are to be recorded in writing to include any unusual activity.
 - xi. During third shift, residents are not permitted to leave the wing for any reason other than an emergency response. In the event that an event is planned which carries into third shift, day time ratios must be maintained.
 - xii. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;

- xiii. All deviations from the staffing plan will be documented on the shift report. On call or management staff will cover in the event staff ratios cannot be met.
 - xiv. The staffing plan will be reviewed by the PREA Coordinator and YDC administration on an annual basis.
 - xv. The YDC administrators and supervisors are required to conduct and document unannounced unit rounds to identify and alter sexual abuse and harassment. Rounds must be conducted on all three working shifts and occur at least one time per month.
- (b) YDC Policy 3.13, Prison Rape Elimination Act Staffing Plan, page 2, Section III Staffing Plan, second paragraph, states, "If a deviation does exist the Shift Supervisor must document, in the daily log, clear rationale for the deficiency. Furthermore, deviations are documented on the unannounced rounds log. The Program Director must review the log monthly. Proof of the review shall be his/her initials in the log. According to the facility staff roster, the facility employs 33 direct care staff for a total population of 36 residents. The current staffing ratio is one direct care staff to every 3.5 residents. Staff have not deviated from the staffing plan as their typical ratios are one staff to every 3.5 residents. Unannounced round documentation was reviewed for that past 33 months. Each entry for that time period denotes number of staff to student ratios. Although the logs state unusual activity, none of those activities caused or were noted due to violations of the staffing plan. The facility did not receive negative findings from their annual state audit in February of 2019 or their last PREA audit in 2016.
- (c) According to the facility staff roster, the facility employs 33 direct care staff for a total population of 36 residents. The current staffing ratio is one direct care staff to every three residents. In addition, the Pennsylvania Department of Public Welfare's "Child Residential and Day Treatment Facilities", licensing requirements, 55 Pa. Code 3800.1, which require line staff ratio of a minimum of 1:8 be maintained during waking hours, and 1:16 during sleeping hours when the residents are secured in their room.
- (d) As described in provision (a) of this standard, the facility did not have an adequate staffing plan in the past. However, the facility has created a staffing plan and is in agreement this staffing plan and the components within will be reviewed and revised, where necessary, annually.
- (e) YDC Policy 3.12, Prison Rape Elimination Act, page 2, 4., states, "The Youth Development 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 one time per month and will be documented on the unannounced rounds form located in the front administrative offices. Any staff that alerts other staff members that these rounds are to be conducted will be subject to disciplinary action. YDC submitted unannounced rounds dated June 23, 2016 through March 2, 2019. During the years of 2016-2018 rounds were completed minimally twice per month per shift. In the year of 2019 rounds are completed minimally three times per month, once per shift.

During observation of the facility, interviews with both residents and staff and review of facility logs, this auditor determined that staffing ratios during the audit were the same staffing ratios on any given day. Of the three floor supervisors interviewed, all three spoke to completing unannounced rounds several times a day, however; only documenting a few times per month. Of the 12 random staff interviewed, none were aware of what an unannounced round was, however; staff could speak to supervisory staff being on the floor multiple times per day, checking in on staff, residents, and walking through all areas

of the facility.

As described in provision (a) of this standard, the facility did not have an adequate staffing plan in the past. The facility had all components and documentation of the plan, these components and required documentation were not however all in one location. During the pre-audit phase of this review period, the facility created a staffing plan, placing all components on two documents, making the current format sufficient to meet the requirements of this provision. In addition, the facility is in agreement this staffing plan and the components within will be reviewed and revised, where necessary, annually.

Through such reviews, the facility meets this standards requirements.

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where

residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed by making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. YDC Policy 4.16, Purpose of resident searches, dated April, 12, 2019.
 - d. York County Youth Development Center PREA Training Agenda for Staff

- e. Search logs – no indication of strip or transgender searches
- f. Staff training files indicating all staff received gross gender search training

2. Interviews:

- a. Random residents
- b. Random staff
- c. Assistant Program Director / PREA Coordinator
- d. Program Director / PREA Manager

3. Site Review Observation:

- a. Intake area
- b. Search area

115.315

- (a) The YDC PAQ states the facility does not conduct cross gender strip or cross-gender visual body cavity searches of residents. The facility hasn't conducted any of these types of searches in the last three years. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 1., under Searches, 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." All searches are documented on Shift Logs, which were reviewed during the on-site. All staff interviewed in formal interviews corroborated that all searches are reported to supervisory staff who then document the search information on the daily Shift Log.
- (b) The YDC PAQ states the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. The facility hasn't conducted any of these types of searches in the last three years. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 2., under Searches, states, "Cross-gender pat down searches are also not permitted.
- (c) The YDC PAQ states their policy does not require that all cross-gender strip searches and cross gender visual body cavity searches be documented and justified. YDC Policy 4.16, Purpose of resident searches, dated January 7, 2014, page 2, Section D. Recordkeeping, states, "There must be proper documentation of all strip searches. Documentation within the daily log should clearly indicate the name of the resident searched, the name(s) of all staff members involved in the search; the name(s) of all those present during the search, the reason for doing the search, and the results of the search (e.g. a description of any contraband items that were found), and the location." Staff interviewed stated they have never needed to do a cross gender strip search of any kind. The Assistant Program Director stated such a search would only occur in exigent circumstances.
- (d) The YDC PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 2., under Searches, states, "Only staff of the same gender is permitted in the bathroom area while resident use the bathroom, shower, or change clothing. The YDC PAQ states policies and procedures require staff of the opposite gender to announce their presence when entering a resident's housing unit/areas where residents are likely to be showering, performing bodily functions or changing clothing. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 3., under Searches, states, "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.

During observation of the facility, interviews with both residents and staff and review of resident and staff files, it was evident that this facility does not conduct strip searches. Nor has the facility had the need to perform a strip search on a transgender youth. Each resident and staff interviewed were asked to explain the search procedures during intake and any other time a search may be warranted. Consistently, each staff and resident interviewed explained a pat search at intake which always involved same sex staff. All residents and staff were in unison when explaining that staff are never in shower areas during shower times. The facility only houses two wet 'cells' and the water has been turned off in both of those 'cells'. Cameras are not placed in resident rooms. Each room has a curtain on the outside of each window. Staff and residents both spoke to procedures of residents either making staff aware when they were changing clothes and or staff knocking before lifting the curtains. Although this policy is in place, residents and staff alike spoke to residents only changing clothes in the bathrooms. YDC was asked by this auditor to update YDC Policy 4.16 Purpose of resident searches to include training specific to searches of transgender and intersex residents. On April 12, 2019 Policy 4.16 was revised to meet the requirements of this provision.

- (e) The YDC PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. YDC 3.12, Prison Rape Elimination Act, page 2, 4., under Searches, 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. During random and targeted staff interviews, staff could not remember a time when a transgender had been at YDC. Through random resident interviews and case and medical file review, there were no LBGTQIA residents.
- (f) The YDC PAQ states 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. YDC 3.12, Prison Rape Elimination Act, page 2, 5., under Searches, states, "Staff will be required to have annual training pertaining to the facility's emergency search and seizure procedures as outlined in YDC Policy 4.16. The training will include training specific to searches of transgender and intersex residents. During the pre-audit phase of this audit, review of YDC Policy 4.16, searches of transgender and intersex residents did not include such training. Although, YDC submitted a PREA Training Agenda for Staff, which clearly includes search procedures for transgender and intersex residents. The training curriculum for this topic is the PREA Resource Centers' Video. The facility was asked to update YDC Policy 4.16 Purpose of resident searches to include training specific to searches of transgender and intersex residents. On April 12, 2019 the facility updated the policy to include language to support the training of LBGTQI residents. Staff training records reviewed demonstrated 100% of staff had received annual training on conducting cross-gender searches, which is trained throughout the year.

Through such reviews, the facility meets this standards requirements.

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

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

115.316 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed by making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019.
 - c. York County Youth Development Center Monthly PREA Refresher Training for Residents
 - d. York County Youth Development Center Case Manager PREA Review with Residents
 - e. Resident files

f. Staff training files

2. Interviews:

- a. Random residents
- b. Random staff
- c. Targeted staff

115.316

- (a) The YDC PAQ states the agency has established procedures to provide disabled residents 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. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 1., under Residents with Disabilities and Residents who are Limited English Proficient, states, "The Youth Development 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. Staff will provide PREA Refresher Training Program material to hearing impaired. Facility educators will also be available to instruct residents with learning disabilities.
- (c) The YDC PAQ states the facility has established procedures to provide residents with limited English proficiency 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. YDC Policy 3.12, Prison Rape Elimination Act, page 2, 2., under Residents with Disabilities and Residents who are Limited English Proficient, states, "The Youth Development Center will ensure that residents who are limited English proficient are instructed on the facilities' efforts to prevent, detect and respond to sexual abuse and harassment. The facility will meet this requirement by providing translated copies of the Youth Development Center's orientation manual which addressed the PREA policy. Bi-lingual staff can also be provided to assist residents when available.
- (d) The YDC PAQ states the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. The PAQ also states they have not any instances where resident interpreters, readers or other types of resident assistants have been used in the last three years.

Review of YDC Policy 3.12, Prison Rape Elimination Act, page 2, 3., under Residents with Disabilities and Residents who are Limited English Proficient, states, "The Youth Development Center will not rely on resident interpreters, resident readers or other types of resident assistants to explain PREA policy and procedures to other residents." This policy does not include how the facility would document such instances. The facility was asked to update YDC Policy 3.12, Prison Rape Elimination Act, to include documentation of such instances. On April 15, 2019, YDC revised policy to state, "Any instances of individual cases where resident interpreters, readers, and other types of resident assistants are used will be documented on a resident incident report. In the past 33 months, the facility has not had to utilize interrupters. Although the facility policy did not have documentation of such instances in place, moving forward all instances will be documented on an incident report and placed in the resident file.

Through interviews with both residents and staff and review of resident and staff files, it was evident that this facility has not utilized interrupters. Of those staff interviewed, supervisors and random staff

alike could speak to the process of using staff to interrupt intake and PREA information to residents. Of the random staff interviewed, one was an interrupter and understood her responsibility to interrupt should the need arise. YDC was asked by this auditor to update YDC Policy 3.12, to include language on where instances of individual cases where resident interpreters will be documented. Although the practice was in place to document such occurrences on an incident report, policy now states such occurrences will be documented on a resident incident report.

Through such reviews, the facility meets this standards requirements.

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. Agreement between the Teamsters Local 776 and the County of York or the County of York policy.
 - d. York County Policy Manual, Policy Number: GI-19.8, effective date: August, 19, 2015, Subject: Child Protective Services Law
 - e. York County Policy Manual, Policy Number: GI-19.0, effective date: August, 19, 2015, Subject: Child Protective Services Law, (envelop a potentially broader group of individuals who provide child protective services.)
 - f. York County Youth Development Center's Consent to Release Information for Prison Rape Elimination Act Compliance. (document not dated)
 - g. Staff personnel files
2. Interviews:
 - a. Assistant Program Director / PREA Coordinator
 - b. Shift Supervisors

115.317

- (a) The YDC PAQ states the facility policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who-
- (1) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
 - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if he victim did not consent or was unable to consent or refuse; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

YDC Policy 3.12, Prison Rape Elimination Act, page 3, 1., under Hiring and Promotion Decisions, states, "The Youth Development 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:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program;
- b. Has been convicted of engaging or attempting to engage in sexual activity in the community consent or was unable to consent or refuse;
- c. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

YDC Policy 3.12, Prison Rape Elimination Act, page 3, 3. h, under Hiring and Promotion Decisions, states, "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 conduct described in Section "Hiring and Promotion Decisions."

- (b) The YDC PAQ states the facility requires the consideration of 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. YDC Policy 3.12, Prison Rape Elimination Act, page 3, 2., under Hiring and Promotion Decisions, states, "The Youth Development 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 that may have contact with residents. This information is obtained through background checks, reference checks and criminal record checks.
- (c) The YDC PAQ states the facility requires that before it hires any new employee who may have contact with residents, it conducts required background checks and makes 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. YDC Policy 3.12, Prison Rape Elimination Act, page 3, 3. a-c, under Hiring and Promotion Decisions, states, "Any new hire at the Youth Development Center will be subjected to the following background checks and inquires:
- a. Criminal background checks through the PA State Police as required by the Department of Public Welfare 3800 Regulations and Pennsylvania's Child Protective Service Law;
 - b. A PA CY-113 Child Abuse Clearance that lists any substantiated allegations of child abuse;
 - c. All prior institutional employees will be contacted during reference checks.
- Any information pertaining to substantiated allegations of sexual abuse or any resignation during a pending investigations of an allegation of child abuse will be obtained consistent with Federal, State and local laws." Although the agency ensures references and background checks are completed, the agency has not been asking institutional references information regarding an applicant's possible past allegations of sexual harassment or sexual abuse. The facility was asked to update their practices to include such questions for institutional employers. On April 16, 2019, the agency updated the York County Youth Development Center's Consent to Release Information for Prison Rape Elimination Act Compliance to include the required questions of this provision.

- (d) The YDC PAQ states the facility requires all applicable background checks are completed before enlisting the services of any contractor who may have contact with residents. The PDQ also states they have not had any contractors, for any services, for the last three years. YDC Policy 3.12, Prison Rape Elimination Act, page 3, 3.e., under Hiring and Promotion Decisions, states, “Any new volunteer or contractor that has direct contact with residents will have a criminal record check conducted through the Pennsylvania Access to Criminal History (PATCH) and will be required to undergo a PA CY-113 Child Abuse Clearance.
- (e) The YDC PAQ states facility policy requires that criminal background checks are conducted at least every five years for both employees and contractors. YDC Policy 3.12, Prison Rape Elimination Act, page 3, 3. f., under Hiring and Promotion Decisions, states, “All employees requiring background checks will have new criminal background checks and Child Abuse Clearances conducted every five years by the anniversary of their hire/contract date.
- (g) The YDC PAQ states the agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. YDC Policy 3.12, Prison Rape Elimination Act, page 4, 3. h, under Hiring and Promotion Decisions, states, “The County of York’s Human Resources Department policies and procedures require employees to disclose any police contact or arrest. An employee must notify the Youth Development Center Director or his designee within 24 hours of any such contact he or she will be subject to discipline pursuant to the Agreement between the Teamsters Local 776 and the County of York or the County of York policy. Material omissions regarding such misconduct or the provision of materially false information may lead to termination.
- (h) The YDC Policy 3.12, Prison Rape Elimination Act, page 4, 3. i, under Hiring and Promotion Decisions, states, “The Youth Development Center will provide information on substantiated allegations of sexual abuse or harassment to any inquiring institutional employer conducting reference or background check on a former employee unless prohibited by Federal, State, or local law.

Through file review it was evident that the agency completes the required federal and child abuse registry background checks on all employees. All employees with years of service of more than five years had background checks completed for every five-year segment of employment. Important to note, the State of Pennsylvania did not have a federal background requirement until the year 2015 and the agency did not complete such backgrounds. Although each employee of tenure had the required background checks, none had federal background checks before the year 2015.

Although the agency ensures references and background checks are completed, the agency has not been asking institutional references information regarding an applicant’s possible past allegations of sexual harassment or sexual abuse. The facility was asked to update their practices to include such questions for institutional employers. On April 16, 2019, the agency updated the York County Youth Development Center’s Consent to Release Information for Prison Rape Elimination Act Compliance to include the required questions of this provision.

Through such reviews, the facility meets this standards requirements.

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
2. Interviews:
 - a. Program Director / PREA Manager
 - b. Assistant Program Director / PREA Coordinator

3. Site Review Observation:
a. No obvious evidence from construction or remodeling

115.318

- (a) The YDC PAQ states the agency has not acquired a new facility or made substantial expansion or modification to their existing facility since the last PREA audit in August of 2016. The YDC Policy 3.12, Prison Rape Elimination Act, page 4, under Technology and Facility Upgrades states, "The Youth Development Center makes use of Bosch Camera System. This system placed video cameras in all areas populated by facility residents. These cameras record twenty-four (24) hours a day, seven (7) days a week. Any modifications, upgrades or expansions to the building or to the Bosch System will include considerations of the impact of such design, acquisition, expansion, or modification on the facility's ability to protect residents from sexual abuse.
- (b) The YDC PAQ states the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit of August of 2016.

Observation of the facility and interviews with the Program Director and Assistant Program Director concludes that the facility has not made modifications to the facility. This auditor verified that all 18 cameras placed in the facility were operational.

Through such reviews, the facility meets this standards requirements.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.321 (c)

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

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

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

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12 Prison Rape Elimination Act
 - c. Facility website: <http://yorkcountypa.gov/health-human-services/youth-development-center>
 - d. YDC Annual PREA Summary Report
 - e. Memorandum of Understanding with PrimeCare Medical, Inc., dated January 1, 2016 (on site nurse is employed by PrimeCare.)
 - f. Letter of Agreement with York Hospital, dated June 15, 2016. Email from York Hospital stating this document is in their 'green file' and is automatically renewed annually.
 - g. Memorandum of Understanding between York County District Attorney's Office and York County Youth Development Center, dated 'no month' 2016. On April 10, 2019, an email was received from Kyle G. King, DA Office, acknowledging receipt of the attached MOU as well as the content included therein and what is required of his office.

- h. Email between YDC and YWCA agreeing to servicing YDC, dated July 6, 2019
- i. Resident file review

2. Interviews:

- a. Registered Nurse
- b. Random residents
- c. Random staff
- d. Targeted staff
- e. York County District Attorney
- f. York Hospital SANE Nurse
- g. Springettsbury Township Police Detective

3. Site Review Observation:

- a. YWCA brochures/advocacy offerings and phone numbers posted throughout the facility.
- b. SANE/SAFE postings

115.321

- (a) The YDC PAQ speaks to the facility having two allegations referred for criminal investigations in the last three years. One incident took place December of 2018 involving an allegation of an unwanted touch of the victims' breast, over clothing. On April 4, 2019 at 12:16 p.m., this auditor spoke with Detective Ray Craul with the Springettsbury Township Police Department, 1501 Mount Sion Road, York, PA 17402, contact number 717.757.3525. Detective Craul stated when his investigator Melissa Weaver arrived at the facility to speak to the victim, the victim stated she "did not want to say anything or get anyone in trouble." Investigator Melissa Weaver discussed this outcome of this interview with Detective Ray Craul and the York County District Attorney's Office, together they decided not to complete an investigation as the victim did not want to cooperate. A second incident, with the same victim, occurred on March 17, 2019, involving an unwanted touch of the victims' bottom through clothing. This allegation is currently being investigated by Detective Dana Ward, Jr., with the York County District Attorneys' Office. (See interview below.) On April 16, 2019, this auditor reconnected with Detective Ward and requested the status of this investigation. Detective Ward explained that due to the incident taking place outside his jurisdiction, the case was referred to the Springettsbury Township Police Department approximately one week ago. Detective Ward explained that currently the Springettsbury Township Police Department is scheduling interviews with the victim and witnesses of the possible incident. Detective Ward explained this process would take another three to four weeks to complete.

YDC Policy 3.12, page 4, 1.a. under Responsive Planning, states, 'Evidence Protocol and Forensic Medical Examinations; Policies to Ensure Referrals of Allegations for Investigations: a. All allegations of sexual abuse within the facility will be investigated by the Detectives Division of the York County District Attorney's Office and or by the Springettsbury Township Police Department. During the pre-audit, this auditor spoke with Detective Dana C. Ward, Jr. on March 29, 2019 at 3:15 p.m. Detective Ward is a County Detective with the York County District Attorneys' Office, Special Crimes Unit, 45 North George Street, York, PA 17401, phone number 717.771.9600. Detective Ward has held his current position with the Special Crimes Unit for the last four and one half years. Upon asking Detective Ward the current process for investigations involving the YDC, he reported the following:

5. All reports of child abuse or neglect are called into the state's ChildLine and or filed on line at www.pa-fsa.org. ChildLine is operated by Pa Family Support Alliance. (Contact phone number for ChildLine is 1.800.932.0313.) Such reports are then screened by ChildLine and those warranting investigation are sent to the York County District Attorneys' office for him to investigate.
6. Detective Ward reported that once he begins an investigation the resident can either answer questions at their home, current placement or the police station with the consent of their guardian(s). All parties involved in the incident have an advocate from the Child Advocacy Unit during questioning. Detective Ward stated under most circumstances residents are interviewed and asked to write statements within two to three weeks. Detective Ward then decides if charges will be pressed based on his determination of the perpetrator having committing the act for sexual gratification.
7. Detective Ward stated he will contact the facility, victim and their guardian and the perpetrator with the outcome of the investigation, regardless of the outcome. Detective Ward reported that charges are usually pressed or dropped within one month of the incident occurring.
8. Detective Ward wanted to add that he has a good working relationship with the YDC Director and Assistant Director. He spoke to the facility doing great things with kids and that the facility employees a great bunch of folks.
9. I thanked Detective Ward for his time and ended the interview.

(b) The YDC PAQ speaks to the facility adapting to the National protocols for sexual assault medical forensic examinations. In addition, the YDC policy 3.12, page 4, 1.b., under Responsive Planning, speaks to proper protocols for sexual assault medical examinations.

(c) The YDC PAQ speaks to following protocols for offering residents who experience sexual abuse access to forensic medical examinations. Examinations being offered without financial cost to the victim and when possible, examinations are offered by a SANE or SAFE Examiner or Nurse. During the pre-audit, the auditor on April 5, 2019 at approximately 2:00 pm, spoke with Emily Huggins, RV, BSN, MHA, CEN, SANE-A, SAFE-P and the SANE/SAFE Unit Manager for the Forensic Examiner of Well Span Health, a division of the York Hospital, located at 1001 St. George Street, York, PA 17403, contact phone number 717.725.1605. Upon asking Emily Huggins the current process for investigations involving the YDC, she reported the following:

- a. First the local hospital will identify there is someone in need of a forensic examination. Current and typical staffing is comprised of 80% on site and 20% on call. If nursing staff are not available a nurse will be dispatched.
- b. Ms. Huggins reported the victim service provider is contacted. During the pre-examination the examiner will focus on and ensure acute medical needs are met; staff attempt to get a history of the patient and then conduct a full head to toe assessment.
- c. The examine will include collections when the window remains available.
- d. Once the exam is completed the examiner will contact law enforcement.
- e. At the end of each exam the victim is offered prophylactic preventatives and an explanation of the need of such. The victim is also offered help with ongoing medical care and help with current reporting laws to include reporting anonymously.
- f. Once the exam is complete and the victim is made aware of current reporting laws, the examiner will follow mandated reporting laws and either phone ChildLine or report the incident on the ChildLine website.

- g. Ms. Huggins reported the YDC has a memorandum of understanding that is automatically renewed each year.
 - h. Ms. Huggins reported her final report is available to any investigative agency, police department, or Children Youth and Families with the consent of the victim.
 - i. When I asked Ms. Huggins if her unit had completed a SAFE/SANE exam on any resident of the YDC in the last three years, Ms. Huggins reported she was unsure. I asked Ms. Huggins if she would please contact me within the next week if she found evidence of an exam for residents from the YDC. Ms. Huggins reported she would contact me in the next week, if she found evidence of such.
 - j. I thanked Ms. Huggins for her time and ended the interview.
- (d) The YDC policy 3.12, page 4, 1.c., under Responsive Planning, states any resident that is a victim of sexual abuse will be provided a victim advocate and advocacy services through the YWCA of York Victim Assistance. The policy goes on to state, 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. The contact number for the YWCA is 800.422.3204. During the pre-audit, this auditor phoned the YWCA of York County on March 19, 2019 at 7:22 a.m. and verified the phone number on the YDC website was accurate and that advocacy services are provided to the residents at the YDC. The operator stated that I had reached a domestic violence center and they serve as advocates for just about anyone who is in need.
- (e) As stated in provisions a-d, current practice by all identified resources ensure the victim is accompanied by a local victim advocate. The facility currently offers the YWCA as a victim advocate; however, the local police, district attorney's office and hospital may use advocates within their own units or that of the YWCA, when necessary.
- (f) As stated in provision a., the York County District Attorney's Office is responsible for investigating administrative or criminal allegations of sexual abuse. Please note, that when this auditor asked Detective Ward if PREA compliance was a consideration he responded that it was not. However, through the interview Detective Ward and the York County District Attorney's Office he inadvertently described and outlined requirements of PREA Standard 115.321 (a)-(e).

During observation of the facility this auditor found advocate and YWCA postings throughout the facility, in areas frequented by residents. Through interviews of residents and staff, it was evident that residents knew outside advocates and how to phone them if necessary. All staff interviewed understood the investigation process and were aware outside entities such as the Springettsbury Township Police Department and the York County Attorney's office completed investigations. In addition, the contracted PrimeCare RN was educated on the process with procedures leading up to forensic examinations. The on-site RN does not perform such examination, however; she does refer to the PrimeCare doctor when making referrals for outside services needing to be administered. The RN instructs the facility staff on any order the doctor prescribes. Finally, incident reports were completed for the two allegations referred for investigation.

Through such reviews, the facility meets this standards requirements.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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 No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Documents Reviewed:
 - a. YDC PAQ
 - b. YDC Policy 3.12 Prison Rape Elimination Act
 - c. Facility website: <http://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html>
 - d. YDC Annual PREA Summary Report
 - e. Staff training files
2. Interviews:
 - a. Assistant Program Director / PREA Coordinator
 - b. Program Director / PREA Manager
 - c. Random staff
 - d. Targeted staff

115.322

- (a) The YDC PAQ states the agency ensures that an administrative or criminal investigation is completed for allegations of sexual abuse and sexual harassment. The YDC PAQ also states they have had two allegations of sexual abuse in the last three years; zero allegations resulting in an administrative investigation and two allegations referred for criminal investigation in the last three years. In addition, the PAQ states both investigations are complete, however; the allegation in December of 2018 was not investigated due to the victim refusing to cooperate and the March 2019 investigation remains in progress as is stated in Standard 115.321. YDC Policy 3.12, Prison Rape Elimination Act, page 4, 1. a., states, "Evidence protocol and Forensic Medical Examination: Policies to Ensure Referrals of Allegations for Investigation. All allegations of sexual abuse within the facility will be investigated by the Detectives Division of the York County District Attorney's office and/or by the Springettsbury Township Police Department. As is stated in standard 115.321, this auditor has made contact and talked extensively with both departments. Although neither entity considers PREA guidelines, through the interview process both entities are compliant with all investigation guidelines.
- (b) The YDC PAQ states the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The YDC website, under the PREA tab, under Investigations, states, "All allegations of sexual conduct shall be promptly, thoroughly, and objectively investigated. Upon the conclusion of the investigation, each allegation will be classified as Substantiated, Unsubstantiated, or Unfounded.

- (c) Allegations of Sexual Abuse will be referred to the appropriate law enforcement agency for investigation and potential prosecution. Criminal allegations are referred via agreement to the York County District Attorney's Office for investigation. The YDC PDQ states the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. YDC documents referrals of allegations on their annual, and ongoing, York County Youth Development Center, Survey of Sexual Violence Summary Report, dated August 1, 2016 through April 3, 2019. This survey is available on the agency website.
- (d) The auditor is not required to audit this provision.
- (e) The auditor is not required to audit this provision.

Through interviews of the Program Director, Assistant Director and all staff interview it was evident that all understood the investigation process and were aware able to explain process for administrative and criminal investigations. All staff training records indicated all staff receive initial and annual refresher trainings.

Through such reviews, the facility meets this standards requirements.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

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

115.331 (c)

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

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. York County Youth Development Center Training Agenda, dated March 4, 2019
 - d. York County Youth Development Center Training Attendance Log, dated March 4, 2019
 - e. York County Youth Development Center PREA Training Agenda for Staff (Blank grid)
 - f. Staff training files
2. Interviews:
 - a. Staff Trainer
 - b. Random staff
 - c. Targeted staff
 - d. Assistant Program Director / PREA Coordinator
3. Site Review Observations:
 - a. PREA locked boxes
 - b. PREA / Third Party Reporting posting
 - c. PREA / SANE / SAFE postings

115.331

(a) The YDC PAQ states the facility trains all employees who may have contact with residents in the following matters:

1. Zero Tolerance
2. Fulfill their responsibilities under sexual harassment prevention.
3. Detection, reporting and response policies and procedures.
4. Residents' right to be free from sexual abuse and sexual harassment.
5. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
6. The dynamics of sexual abuse and sexual harassment in juvenile facilities.
7. The common reactions of sexual abuse and sexual harassment.
8. How to detect and respond to signs of threatened and actual sexual abuse.

9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
10. How to comply with relevant laws regarding the applicable age of consent.

YDC Policy 3.12, Prison Rape Elimination Act, page 4, 1.a., states, “The Youth Development 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. Successful completion of training will be documented through employee signature or electronic verification. YDC Policy 3.12, Prison Rape Elimination Act, page 4-5, 1.b., states, “the facility will train all employees on all of the following:

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

To further support sustainment of the trainings above, YDC has submitted the following:

- training agenda that is used for initial and annual training, with all the required PREA training topics;
- a York County Youth Development Center PREA Training Agenda for Staff grid to include each of the 10 areas above, including the date of the training, hours of the training, staff initials, signature and final date when training has been completed.
- a York County Youth Development Center Training Attendance roster with employee names, their sex, race, employee number, signature, date of the training, total hours (8) and trainer signature.

The YDC mandates employees complete and pass the National Institute of Corrections online PREA course and certification, annually. In addition, employees must review the Pennsylvania Child Protective Services Law Mandated Reporter guidelines and the Bureau of Human Services Regulatory Compliance Guide.

- (b) The YDC PAQ states training is tailored to the unique needs and attributes and gender of the residents at the facility; and, employees who are reassigned from facilities housing the opposite gender are given additional training. Training documentation received by the facility, as is described above, supports this provision.
- (c) The YDC PAQ states that ‘All’ of their employees are trained and retrained in PREA requirements enumerated above. The PAQ states refresher trainings are provided annually. The PAQ also states the facility documents that employees understand and have received such trainings. As stated in YDC Policy 3.12, 1.a., under Employee Training, employees will be provided this training annually. This facility employs applicants who are unionized. Section 10 of

the Union Contract states, “The Youth Development Center has a zero tolerance for any staff member that violates the PREA policy as it pertains to sexual abuse and harassment. This statement collaborates the employees’ comprehension of their requirements of their PREA training. The Union Contract is signed by every employee at the YDC.

Through staff interviews and training file review, it was evident that all staff are trained on all 11 component requirements for this provision. In addition, the facility has a six-week rotation training day for each employee, outside of night staff. Staff attending six-week rotation trainings had a minimum of four PREA topic trainings annually. Night staff complete each PREA training available, with the exception of medical, on the NIC website. All staff are trained on all available topics, with the exception of medical, on the NIC website.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. Zero Tolerance of Sexual Abuse and/or Harassment for Contractors and Volunteers brochure, dated May 2016. (Intended for potential contractors and volunteers.)
 - d. York County Youth Development Center Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet. This document is not dated.
 - e. A signed York County Youth Development Center Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet signed by a facility teacher. Dated March 7, 2019.
2. Interviews:
 - a. Teacher
 - b. Assistant Program Director / PREA Coordinator

115.332

- (a) The YDC PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The facility states they have no volunteers or contractors in the last three years. YDC Policy 3.12, Prison Rape Elimination Act, page 5, 2.a, under Volunteer and Contractor Training states, "All volunteers and contractors that have direct contact with residents must undergo training on the Youth Development Center's efforts to detect, prevent, and respond to sexual abuse and sexual harassment."
- (f) The YDC PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.
- (c) The agency maintains documentation confirming that the volunteers and contractors understand the training they have received. YDC Policy 3.12, Prison Rape Elimination Act, page 5, 2.b. under Volunteer and Contractor Training, states, "Each volunteer or contractor is required to: View the Youth Development Center's PREA brochure for volunteers and contractors. Sign the Youth Development Center's "PREA Acknowledgment Sheet" verifying volunteer or contractor has received, understand, and have questions regarding the PREA information provided to them." The YDC provided a Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet, stating all the areas as described in policy 3.12. In addition, the YDC provided their Zero Tolerance of Sexual Abuse and/or Harassment for Contractors and Volunteers brochure. This brochure speaks to boundaries, focus on behavior for assigned

duties and assignments, ramifications if boundaries are not maintained, the facility mission and vision statements. This document is dated May 2016.

Through an interview with the district teacher, not a contractor of the facility or agency, it was discovered that he was not aware of nor had attended a training regarding PREA. As a matter of fact, the teaching staff are unionized and do not work in collaboration with the facility in this regard. However, teaching staff has signed an acknowledgment affirming they will follow the requirements of their assignments as they are designed and prescribed. On April 16, 2019 the YDC Assistant Director contacted the teaching contractor oversight and made them aware of this provision and its requirements.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

- Have all residents received such education? Yes No

- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
 Yes No

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. York County Youth Development Center Intake PREA Orientation
 - d. Resident brochure – What You Should Know About Sexual Abuse
 - e. York County Youth Development Center Case Manager PREA Review – 10 Day, form not dated
 - f. York County Youth Development Center Monthly PREA Training for Residents. Form not dated
 - g. Resident files
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Case Manager
 - d. Shift Supervisors
3. Site Review Observation:
 - a. PREA locked boxes
 - b. PREA / Third Party Reporting posting
 - c. PREA / SANE / SAFE postings

115.333

- (a) The YDC PAQ states residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This auditor utilized the Juvenile Facilities PREA Audit Documentation Review tool and asked residents during interviews if at admission they were provided specific information on their rights to not be sexually abused, harassed, how to report such occurrences and would not be punished for reporting. All residents but one reported this information was provided at intake. The one resident who stated she had not been informed had signed intake documentation, on her day of arrival, that she had received PREA information. During random and targeted staff interviews, this auditor inquired when residents were provided information and education on sexual harassment and abuse. This question was asked of all staff as intake duties are not specific to a singular position at YDC. All staff were able to describe sexual harassment and sexual assault information delivered to residents. Through file review and interviews, this auditor determined 100% of residents files reviewed were given zero tolerance and PREA education information at intake. This information was provided in an age appropriate fashion. YDC Policy 3.12, Prison Rape Elimination Act, page 5, 3.a.&b., under Resident Training, states, (a) "Every resident admitted to the Youth Development Center will receive the "Youth Development Center Orientation Packet." Each resident will be briefed on the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents of sexual abuse or sexual harassment. Information is also 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. A notation will be made on the shift log so staff can be briefed on the at-risk residents at the beginning of their shift. Resident and parental signatures indicating receipt of this information must be maintained in the resident's file. (b)

Upon admission, staff will review the Intake PREA Orientation form with the resident and provide them with the "What You should know about Sexual Abuse" resident brochure. Both of these items are included in the intake packets. Please ensure that the Intake PREA Orientation form is submitted to the Supervisor on-duty along with the other resident paperwork. During the pre-audit phase, YDC provided the York County Youth Development Center Intake PREA Orientation form given to residents at intake. This form is inclusive of all required PREA education information for new residents. In addition, the YDC provided a "What You Should Know About Sexual Abuse" brochure for residents.

- (c) The YDC PAQ states all intakes in the last three years were educated within 10 days of intake, and all resident have been educated subsequently. Through review of interviews with staff, residents and review of files, all residents are educated upon intake. YDC states residents entering the facility after July 1, 2016 were given the information during intake. YDC Policy 3.12, Prison Rape Elimination Act, page 5-6, c. under Resident Training, states, "The Youth Development Center Case Managers will ensure Youth Counselors facilitate the resident's primary PREA training for all new residents. Residents will sign the participation form and submit to the on duty supervisor. A "10" will placed on the Youth Development Center's census log under housing status to indicate resident's participation and delivery of the "10-day PREA" follow up education. Completed participation forms will be given to the front office for inclusion in each resident's legal file." The YDC provided a York County Youth Development Center Case Manager PREA Review 10-day training form for residents.
- (d) The YDC PAQ states resident PREA education is available in accessible format for all residents including all areas of this provision. YDC Policy 3.12, Prison Rape Elimination Act, page 6, d., states, "Every resident will participate in a Monthly PREA Refresher Training of the 1st of each month which will provide education on the resident's rights to be free from sexual abuse and sexual harassment. Monthly PREA Refresher Training forms will be printed by the Supervisor On-Duty and placed with each unit's shift plan at the beginning of second shift. Staff will provide each resident with a pencil and a Monthly PREA Refresher Training form to complete. Monthly PREA Refresher Training Forms are located in the supervisor file cabinets in the front administrative area. All residents will then review their completed answers as a group. Staff members will have residents correct answers if necessary. Staff will answer any other PREA related questions anyone may have. Any resident who refuses to participate will still need to sign their form and staff will attach and Incident Report. Completed forms will be submitted to the Supervisor On-Duty who will then forward them to the front office for inclusion in the resident's legal file." The facility has Spanish interpreter on staff. Should the need arise for an interpreter while this staff is not on shift, the staff is in agreement she will come in on her off shift when needed. Staff will read to and help residents who are cognitively or visually impaired, limited in English, reading and writing. Students who are deaf are provided written materials. During the pre-audit phase, YDC provided a York County Youth Development Center Monthly PREA Refresher Training for Residents. This form includes 10 fill in the blank questions such as; what does PREA stand for; three types of harassment or abuse; three ways to report. All questions are simple and worded and in a format for all ages to ensure comprehension. Forms are signed and dated by both residents and staff training to residents. A supervisor reviews each form before being forwarded to the front office for filing.
- (e) The YDC PAQ states the agency maintains documentation of resident participation in PREA education sessions. The YDC Policy 3.12, Prison Rape Elimination Act, page 6, e., states, "Upon request, 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 the

Supervisor On-Duty for additional explanation and assistance.” As described in provision (d) documentation is filed in residents’ legal file.

- (f) The YDC PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbook, or other written formats. As described in provisions (a)-(e), the facility provides trainings via brochure, intake forms and monthly PREA trainings. The facility has postings throughout the facility frequented by residents which speak to sexual safety. Phone numbers to the YWCA is posted in English, in a clear format easily understood by residents, by every phone in the facility to include each living wing/unit. (This auditor did not inquire why postings were not in any other language; however, sexual harassment and abuse postings throughout the facility were in both Spanish and English.)

Through observation of the facility, review of resident files and resident interviews, the facility demonstrated 100% compliance in all aspects of this provision. Residents interviewed spoke to their PREA education and procedures regarding their responsibilities as well as how to report internally and externally. Facility Case Managers meet with each resident within 10 days of admittance to review comprehension of PREA information given at intake. Such refresher trainings were documented and found in resident files reviewed. The facility consistently conducts monthly refresher trainings with all residents.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. Resident files – incident reports completed where referrals to investigating agencies took place.
2. Interviews:
 - a. Random staff
 - b. Shift Supervisors
 - c. Assistant Program Director / PREA Coordinator
 - d. Springettsbury Township Police Detective
 - e. York County District Attorney Investigator

115.334

Although this facility trains all employees on investigations through the NIC website, they do not perform investigations referred for criminal investigation. Employees are however aware of the responsibility to conduct internal investigations for all substantiated and unsubstantiated findings from outside investigation entities. Investigation are completed by the Springettsbury Township Police Department or the York County District Attorney's office.

Through such reviews, the facility meets this standards requirements.

Standard 115.335: Specialized training: Medical and mental health care**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.335 (b)

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

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 15, 2019
 - c. RN Certificate of Completion of PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting
 - d. RN completion certificates in all PREA available trainings on the NIC website
2. Interviews:
 - a. Registered Nurse
 - b. Assistant Program Director / PREA Coordinatoor

115.335

- (a) The YDC PDQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number and percent of medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy was one employee for a percentage of 100. YDC Policy 3.12, Prison Rape Elimination Act, page 6, 5.a., under Medical Staff Training, states, "PrimeCare Medical, Inc. is the contracted medical service provider for the Youth Development Center. Prime Care requires all employees to undergo training on PREA and the accompanying regulations. The facility will keep 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;
- How to detect and assess signs of sexual abuse and sexual harassment;
 - How to preserve physical evidence of sexual abuse;
 - How to respond effectively to juvenile victims of sexual abuse and sexual harassment;

- How and to whom to report allegations of sexual abuse and harassment.

YDC submitted the medical staff's Certificate of Completion for the PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. However, it has not been a standard practice for the nurse to complete the same initial and refresher training as is prescribed in this standard. On April 12, 2019 the RN completed all NIC PREA trainings available on the website. Moving forward, the RN understands as does PrimeCare, training is to be completed on an annual basis.

(b) The YDC PAQ states the facility does not conduct forensic medical exams.

During the interview with the RN she disclosed that she had completed the required training the week before as was requested by this auditor. The RN stated she was unaware of this provision requirement and moving forward she would complete annual training. The RN was able to provide her training certificates to show she had completed the required trainings. Since the last audit cycle, the RN had not been completing mandated training required by employees. The RN completed the mandated training on April 12, 2019. Moving forward, the RN will complete annual PREA training through the NIC website. Should the nursing staff ever change, the facility and PrimeCare are aware any new medical staff will complete mandated PREA training required of medical staff, before having access to residents.

Through such reviews, the facility exceeds this standards requirements.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- 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 No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- 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 No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
 - d. York County Youth Development Center Intake PREA Orientation (document is not dated)
 - e. Resident Safety Plan (document is not dated)
 - f. Resident files
2. Interviews:
 - a. Random staff – all do intakes
 - b. Shift Supervisors
 - c. Random residents

115.341

- (a)(b) The YDC PAQ states the facility has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents. The facility requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. During random and targeted staff interviews, this auditor inquired when residents were screened for risk of sexual victimization or sexually abusing other residents. This question was asked of all staff as intake duties are not specific to a singular position at YDC. Of those staff interviewed, each was able to describe the risk assessment tool used at intake to

determine resident risk level. Staff explained that residents with a risk level are flagged on the nightly shift report and a safety plan is completed. Through file review and interviews, this auditor determined 100% of resident files reviewed were given zero tolerance and PREA education information at intake had risk assessments completed within 72 hours of intake. Policy requires that the resident's risk level be assessed periodically throughout their confinement.

YDC Policy 3.12, Prison Rape Elimination Act, page 6, 1.a-b, under Screening for Risk of Sexual Victimization and Abusiveness, states, "All residents will be assessed using the facility's Vulnerability Assessment within 72 hours of admission and periodically throughout a resident's confinement 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 on 1st Shift by the facility nurse or Supervisor On-Duty. Residents can be removed from school or other programming in order to complete this assessment. Completed assessments will be noted on each unit's census log." (b) "The Pennsylvania Department of Public Welfare requires a health and safety screening assessment to be administered within twenty-four (24) hours of admission to the facility for shelter residents."

- (c) YDC Policy 3.12, Prison Rape Elimination Act, page 6-7, 1.c-e, under Screening for Risk of Sexual Victimization and Abusiveness, states, "The following criteria will be considered when assessing each resident with the Vulnerability Assessment:
- The resident's prior history of placement.
 - Prior victimizations or abusiveness;
 - Whether the resident is LGBTQI;
 - Current charges and offense history;
 - The age of the resident;
 - The resident's level of emotional and cognitive development;
 - The physical build of the resident;
 - Whether the resident has a mental illness or a mental, physical or developmental disability;
 - The residents own perception of vulnerability;
 - Any other information about the individual resident that may indicate a heightened need for supervision, additional safety precautions, or separation from certain residents."
- (g) Through review of resident files reviewed and interviews with random and targeted staff, this auditor was able to ascertain that risk assessments are being completed in all eleven required areas. The registered Nurse, PREA Coordinator, Shift Supervisors and random staff stated residents at YDC do not enter with much collateral information resulting in the facility relying primarily on resident self-reported information.
- (h) YDC Policy 3.12, Prison Rape Elimination Act, page 7, 1.e, under Screening for Risk of Sexual Victimization and Abusiveness states, "A resident may not be disciplined for refusing to answer inquiry or for not disclosing complete information on the facility's Vulnerability Assessment or Health and Safety Assessment. §115.341 (d). The supervisor will make housing and increased phase watch status decisions based upon the results of the resident's assessment. Any adjustments will be documented on the census log per typical protocol. Assessments will be scanned and emailed to the facility case managers, medical staff, and copies of assessments will be placed in the resident binders for staff viewing. PrimeCare Medical will ensure that a

resident receives proper medical care and guidance as necessary. Completed assessments will be forwarded to the front administrative area to be filed in the resident's legal file.

YDC supplied the York County Youth Development Center's Vulnerability Assessment Instrument which speaks to the age of the youth, experience in an institution, social skills, perception of risk, history of victimization, intellectual impairment, and lack of 'fit' within a juvenile setting. In addition, the YDC utilized an Intake PREA Orientation to ascertain how each residents identifies as LGBTQI.

Through review of resident files and resident interviews, the facility demonstrated 100% compliance in all aspects of this provision. Every resident but one spoke to the screening process including education on PREA, zero tolerance and how to report incidents of sexual harassment and sexual abuse both internally and externally. The one resident who reported she had not received such information, had documentation in her file bearing her signature under the following statement. "The above items have been reviewed with me and I was provided the opportunity ask questions." This resident had been at the facility for four days and had not yet had her 10 day follow up education. Every file reviewed had a risk assessment and determination of LBGTQI. 100% of resident files reviewed who were at the facility longer than 10 days had evidence of the 10-day follow upPREA education in their file. There were zero residents who had been at the facility longer than one year as the average length of stay at YDC is 35 days. Resident files reviewed demonstrated the facility consistently completes monthly refresher trainings with all residents. Each file reviewed had monthly PREA comprehension tests bearing each residents name and the date of training.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.342: Use of screening information

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

115.342 (a)

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

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

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

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

115.342 (d)

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

resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to 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?) Yes No 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?) Yes No NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making eh compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. Block Report: Listing Inmates by Block
 - d. Resident files
2. Interviews:
 - a. Random resident interviews
 - b. Random staff interviews
 - c. Assistant Program Director / PREA Coordinator
 - d. Shift Supervisors
 - e. Teacher
3. Site Review Observation:
 - a. Did not witness isolation rooms of any type

115.342

- (a) The YDC PAQ states the facility uses information from the risk screening required by Standard 115.341 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse. YDC Policy 3.12, Prison Rape Elimination Act, page 7, 2.a., under Unit Assignment of Residents, states, "Each resident will be classified individually for unit assignment according to his/her age, gender, 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." Through interviews with random staff, the teacher, PREA Coordinator and shift supervisors, all stated a nightly Block Report was provided each day to make staff aware of resident risk. The Block Report is maintained on the facilities internal public drive with the expectation that staff review this report daily.
- (b) The YDC PAQ states the facility does not have a policy that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. In the last 33 months the facility has not had any residents at risk of sexual victimization who were placed in isolation. YDC does not have or utilize any rooms at their facility for isolation purposes. Through policy and site review, this auditor witnessed YDC does not have isolation areas within the facility. Through interviews with random residents and staff, none spoke to the facility utilizing isolation in any type of programming at YDC.
- (c) The YDC PAQ states the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexual abuse. YDC Policy 3.12, Prison Rape Elimination Act, page 7, 2.a., under Unit Assignment of Residents, states,

“The following criteria will be considered when assessing each resident with the Vulnerability Assessment:

- i. The residents’ prior history of placement.
- ii. Prior victimizations or abusiveness;
- iii. Whether the resident is LGBTQI;
- iv. Current charges and offense history;
- v. The age of the resident;
- vi. The resident’s level of emotional and cognitive development;
- vii. The physical build of the resident;
- viii. Whether the resident has a mental illness or mental, physical or developmental disability;
- ix. The resident’s own perception of vulnerability;
- x. Any other information about the individual resident that may indicate a heightened need for supervision, additional safety precaution, or separation from certain residents.

Each area described above was included in the YDC resident screening tool. Of the files reviewed, each area was addressed when assessing residents.

(d) The YDC PAQ states the agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis. YDC Policy 3.12, Prison Rape Elimination Act, page 7, 2.b & c., under Unit Assignment of Residents, states, “Any information obtained through the resident’s medical health and safety assessment along with the Vulnerability Assessment will be used to develop and “health and safety plan” as required by the Department of Public Welfare regulation §3800.142. This “health and safety plan” will be reviewed by the Supervisor On-Duty to make housing and increased phase watch level assignments on a case by case basis. Any adjustments to a resident’s housing status due to PREA related issues will be documented on the shelter referral form and updated as necessary on the Vulnerability Assessment. (c) When a resident is identified as being at risk for sexual abuse in his/her current unit or room assignment staff will request that the Supervisor On-Duty immediately move the resident to an alternate unit. If an alternate placement cannot be arranged due to a lack of available beds, the Director will develop a written plan of action that provides a safe and secure environment for the victim and ensure that the plan is implemented. This plan of action will be documented on the Vulnerability Assessment. Although there were no LGBTQI residents, the PREA Coordinator, PREA Manager and Shift Supervisors reported they had an occurrence where a special housing assessment was needed for transgender or intersex youth.

(e)-(f) YDC Policy 3.12, Prison Rape Elimination Act, page 7, 2.e., under Unit Assignment of Residents, 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. The residents own personal evaluation of his or her safety will be considered during the review.” Through interviews with the PREA Coordinator, Shift Supervisors, Case Managers and random staff, none had reassessed residents as no LGBTQI residents had been admitted to the program.

(e) YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2.f., under Unit Assignment of Residents, states, “All facility residents, including transgender or intersex will shower individually pursuant to standard Youth Development Center operating procedures.” Through interviews with the PREA Coordinator, Shift Supervisors, Case Managers and random staff, none had reassessed residents as no LGBTQI residents had been admitted to the program.

- (h) The YDC PAQ states there were no residents in the last 33 months held in isolation as isolation is not utilized within this facility. YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2.g., under Unit Assignment of Residents, states, "The Youth Development Center does not utilize protective custody or segregated housing." Through interviews with the PREA Coordinator, Shift Supervisors, Case Managers, and teacher, each stated if residents needed to be segregated, they would be placed on a safety plan and one on one observation with staff until the resident was able to be with the general population or released.

During the site observation, this auditor did not witness any isolation rooms within the facility. Through review of resident interviews, there were no residents who identified as LBGQTI. In the past 33 months there were two residents who identified as LBGQI and neither needed to be housed separate from the resident population. Random, supervisory and education staff all stated heightened security was not a need for these youth, however; seating assignments of these youth were considered in the classroom environment. The facility consistently maintains a current 'Block Report: Listing Inmates by Block.' This daily Block Report is available and printed nightly for all staff. This report maintains information of wing (unit), room number, resident name, risk level (SA VV), ethnicity and length of stay. Residents who have a risk of sexually aggressive or victim vulnerability are placed on a 'Phase II' safety plan to ensure awareness is considered by all staff throughout the facility.

Through such reviews, the facility exceeds this standards requirements.

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ

- b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
- c. Speak Up, Speak Out Posters in both English and Spanish posted on units.
- d. What You Should Know About Sexual Abuse resident brochure
- e. York County Youth Development Intake PREA Orientation form
- f. York County Youth Development Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet
- g. York County Youth Development Case Manager 10-Day PREA Review
- h. York County Youth Development Monthly PREA Refresher Training for Residents
- i. Resident files

2. Interviews:

- a. Random residents
- b. Random staff
- c. Targeted staff: Shift Supervisors; Program Director/PREA Manager; Assistant Program Director/PREA Manager; Site Trainer; Registered Nurse

3. Site Review Observation:

- a. Informational posters and outside advocate phone numbers posted throughout the facility.
- b. The residents and staff utilize locked PREA boxes posted throughout the facility, to include the reception area.

115.351

- (a) The YDC PAQ states the facility has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND staff neglect or violation of responsibilities that may have contributed to such incidents. The

YDC Policy 3.12, Prison Rape Elimination Act, page 8, 1. a., under Resident Reporting, states, “Youth Development Center residents have several means available to report sexual abuse and sexual harassment as outlined in the facility’s orientation packet 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 Development Center staff member, the facility case manager, a facility Medical Provider, the resident’s attorney or Guardian ad Litem, Juvenile Probation Officer, Children and Youth 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.” Of each of the hard copy forms described above, all are readily available to residents either through postings, locked PREA boxes, intake documentation, case manager checks with youth or monthly refresher training.

- (b) The YDC PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The agency does not have a policy requiring resident detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. YDC Policy 3.12, Prison Rape Elimination Act, page 8, 1. b., under Resident Reporting, states, “Residents are further instructed that incidents of sexual abuse and harassment can be reported to the following outside groups and entities;

- YWCA of York: Residents may contact YWCA of York to report sexual abuse or harassment or to seek support services on any unit telephone or from a telephone in the facility's interview rooms. Residents making reports may remain anonymous upon request. The YWCA of York telephone number will be posted at each telephone.
 - PrimeCare Medical: Residents can also place reports of sexual abuse or harassment in the medical boxes located in the dayroom areas of the facility. Medical staff will check these boxes on a daily basis following medication pass.
 - PREA Reporting Boxes: Residents can also place reports of sexual abuse and harassment in the PREA Reporting boxes located on resident units.
- (f) The YDC PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Staff are required to document verbal reports. Such reports are to be reported immediately. YDC Policy 3.12, Prison Rape Elimination Act, page 8, 1. c.d., under Resident Reporting, states, "Youth Development Center staff must accept reports made verbally, in writing, anonymously and from third parties, and will immediately write an incident report. These reports will then immediately be given to the Supervisor on-duty."
- (g) The YDC PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. This provision is sustained in YDC Policy 3.12, Prison Rape Elimination Act, page 8, 1.c. & d., under Resident Reporting as described in provision (c) of this standard.
- (h) The YDC PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures through policy review and PREA trainings on the NIC website and or through annual refresher trainings. YDC Policy 3.12, Prison Rape Elimination Act, page 8, 1.e., under Resident Reporting, states, "Youth Development Center staff can privately report sexual abuse or harassment directly by contacting the Director or Assistant Director via email, telephone, or voicemail. All reports will be treated with extreme confidentiality."

During interviews with residents and staff, all spoke to multiple ways for residents and staff to report sexual harassment and sexual abuse to include telling a staff member, telling the nurse, using the grievance procedure, placing a note in a PREA box. Informational posters and outside advocate phone numbers were posted throughout the facility. The residents and staff also utilize locked PREA boxes throughout the facility, to include the reception area, being available as an avenue for reporting allegations of abuse. During the interview with the RN, she spoke to checking the locked PREA box outside of her office each morning and assigned staff checking the box daily in her absence. During interviews, Shift Supervisors also spoke to the daily responsibility of checking the locked PREA boxes throughout the facility. Informal and formal interviews with residents and staff demonstrated that residents do have to ask for a grievance form, however; residents can report any type of rights violation on a blank piece of paper or a grievance form and place that report in a PREA box.

Through such reviews, the facility exceeds this standards requirements.

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

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

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA

- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 3.01, General Client Rights, dated August 1, 2018
 - d. YDC Policy 3.02, Grievances, dated August 1, 2018
 - e. York County Youth Development Grievance Form
 - f. York County Youth Development Medical and Surgical Consent Form
 - g. Resident files
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Shift Supervisors

- d. Registered Nurse
- e. Assistant Program Director / PREA Coordinator
- f. Program Director / PREA Manager

3. Site Review Observation:

- a. Locked PREA boxes posted throughout the facility

115.352

- (a) The YDC PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. a., states, "Information related to grievance procedures and administrative remedies is contained in the "Youth Development Center's" Child Rights, Grievance Procedures, and Consent to Treat Forms that are provided to both residents and parents/guardians as a part of the initial intake paperwork." YDC Client Rights Policy 3.01, Client Rights, in the facilities General Rights, clearly outlines and supports child rights for both the child and the parent/guardian. YDC Grievance Procedure 3.02, in the facilities Child Rights, clearly defines and the facilities grievance procedures and meets all provisions of this standard. All three of the procedures provided by the YDC and systems within those procedures go above and beyond standard provisions as is stated in the following provisions, specifically, timelines for response and the grievance form itself. The Grievance Forms' third page explains the grievance process, process timelines and includes the residents' rights.
- (b) The YDC PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. b., 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."
- (i) The YDC PAQ states the agency's policy and procedures allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. c., 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."
- (j) The YDC PAQ states the agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 33, there were zero grievances files that alleged abuse. In the past 33 months, there were zero grievances alleging sexual abuse that reached final decision within 90 days, In the past 33 months there were zero grievances alleging sexual abuse that involved extensions because the final decision was not reached within 90 days. The agency policy is to always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. d., 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 the grievance."

- (k) The YDC PAQ states the agency's policy and procedures permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf. In the past 33 months there have zero grievance's alleging sexual abuse filed by residents in which the resident declined third-party assistance, containing documentation of the residents' decision to decline.

The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. e., 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 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. The main lobby PREA Box will be checked by Administrative staff daily during the week and by the Supervisor on-duty on the weekends or on holidays." The YDC Grievance Form doubles as the Third Party Reporting Form in that the form provides an area for the person completing the form and the youth name if different from the person filing the grievance.

- (l) The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours. There have been zero emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the last 33 months. There have been zero of those grievances in 115.352(f)-3, had an initial response of 48 hours. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days. There have been zero grievances alleging substantial risk of imminent sexual abuse filed in the past 33 months that reached final decision within 5 days as the facility has not had any sexual abuse or sexual harassment grievances in this audit reporting period.

The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. g., 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 the Director of the Youth Development Center. Corrective action will be processed and completed within forty-eight (48) hours of receipt 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 decisions of the Youth Development Center and all conclusions reached and actions taken will be documented."

- (h) The YDC PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that

the resident filed the grievance in bad faith. There have zero resident grievances in the past 33 months alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. The YDC Policy 3.12, Prison Rape Elimination Act, page 8, 2. h., states, “No disciplinary action will be taken against any resident for any grievance filed regardless of the resident’s intent in filing the grievance.”

Though resident file review there were zero grievances filed for the purpose of reporting sexual harassment and sexual abuse. Through interviews with residents, all felt safe at the facility and reported having been educated on the facility grievance procedures. Informal and formal interviews with residents and staff demonstrated that residents do have to ask for a grievance form, however; residents can report any type of rights violation on a blank piece of paper or a grievance form and place that report in a PREA box. Through staff interviews, all were aware of the grievance procedures and none reported grievances being reported for the purpose of sexual harassment or sexual abuse. The facility answers all grievances within five days of a grievance being reported, following agency policy. The grievance form also makes room for review and appeal processes with the Program Director.

Through such reviews, the facility exceeds this standards requirements.

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

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
Resident Orientation Packet – (One page is dedicated to PREA education and reporting information. The balance of the packet serves as information regarding phone, mail, medical and general programming offerings and instruction.)
 - c. Email between YDC and YWCA agreeing to servicing YDC, dated July 6, 2019
 - d. Resident files
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Shift Supervisors

- d. Registered Nurse
- e. Assistant Program Director / PREA Coordinator
- f. Program Director / PREA Manager

3. Site Review Observation:

- a. Counsel Rooms
- b. Telephone access
- c. Informational posters and YWCA phone numbers posted throughout the facility.

115.353

- (a) The YDC PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:
- Giving residents mailing addresses and telephone numbers of local, State, or national victim advocacy or rape crisis organizations.
 - Gives residents mailing addresses and telephone numbers of immigrant service agencies for persons detained solely for civil immigration purposes.
 - Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.

YDC Policy 3.12, Prison Rape Elimination Act, page 9, 3.a., under Resident Access to Support Services and Legal Representatives, states, "The Youth Development Center's resident orientation packet provides 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 with the YWCA of York and PrimeCare Medical. Although PrimeCare is listed as a resource for resident reporting, this document pertains to PREA requirements of facilities for training, reporting and investigations. This document does not serve as outside service for residents in the sense of contacting for advocacy. Through random resident and staff interviews, residents and staff both reported the YMCA contact number was posted near each phone at the facility and that residents are provided access to the counsel rooms to place calls, in private. During the site review, these counsel room were in the hallway in the center of the facility. All counsel rooms had a camera; however, the PREA Coordinator reported there was no audio or recording devices in this room or the telephone lines in the counsel room. This auditor contacted the YWCA on April 6, 2019, at 1:24 p.m., and was made aware the staff at the YWCA serve abused community members regardless of their association with an outside facility. The staff with whom I spoke with was not aware of the YDC program; however, she reiterated that regardless of affiliation the YWCA would provide support to anyone who contacted the organization. An email dated July 6, 2016, requesting an MOU between YDC and the YWCA, addressed to Richard Azzaro, Chief Services Officer of the Access York/Victim Assistance Center/YWCA York. Mr. Azzaro responded with the following: "ACCESS York and the Victim Assistance Center are committed to providing services to the York County Youth Development Center. Our agency is available to provide response and education regarding sexual assault. Our services are confidential and we accept anonymous referrals. Our services are available 24/7, YDC has our information and referral materials."

- (b) The YDC PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communicates will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual

abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. YDC Policy 3.12, Prison Rape Elimination Act, page 9, 3.b., under Resident Access to Support Services and Legal Representatives, states, “YWCA of York: Residents may contact YWCA of York to report sexual abuse or harassment or to seek support services on any unit telephone or from a telephone in the facility’s interview rooms. Residents making reports may remain anonymous upon request. The YWCA of York telephone number will be posted at each telephone.” Through random resident and staff interviews, residents and staff both reported the YMCA contact number was posted near each phone at the facility and that residents are provided access to the counsel rooms to place calls, in private. During the site review, these counsel room were in the hallway in the center of the facility. All counsel rooms had a camera; however, the PREA Coordinator reported there was no audio or recording devices in this room or the telephone lines in the counsel room.

- (c) The YDC PAQ states the facility does not maintain a memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility does not have a current agreement with the YWCA and as is described above in provision (b) of this standard, the YWCA was not familiar with the YDC. However, they do have an email from the YWCA stating services will be provided upon request. YDC Policy 3.12, Prison Rape Elimination Act, page 9, 3.c., under Resident Access to Support Services and Legal Representatives, states, “The Youth Development Center has an agreement with the YWCA of York 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 York through the unit telephones or from telephones located in the facility interview rooms. The Youth Development Center does not record any phone calls made by facility residents.” Through random resident and staff interviews, residents and staff both reported the YMCA contact number was posted near each phone at the facility and that residents are provided access to the counsel rooms to place calls, in private once access is requested.
- (d) The YDC PAQ states the facility provides residents with reasonable and confidential access to their attorneys or other legal guardians. The facility provides residents with reasonable access to parents or legal guardians. YDC Policy 3.12, Prison Rape Elimination Act, page 9, 3.d., under Resident Access to Support Services and Legal Representatives, states, “The Youth Development 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 guardian.” Through random resident and staff interviews and an interview with the PREA Coordinator, each reported use of the counsel rooms are easily accessible upon request to make contact with legal representatives, to include confidential calls to report sexual harassment and or abuse.

Through interviews with residents, all were able to report they had received education on reporting externally through either the phone number posted near the wing/unit phones, telling a family member or legal representative. Through interviews with staff, most were aware of external reporting options for residents. Although all staff were aware of the YWCA phone number posted on the wing/unit phone areas, not all realized the information was for advocacy purposes. During interviews both formally and informally, residents and staff reported access to telephones were available for residents in either the wing/unit or private counsel rooms located in the hallways. Residents and staff were aware the phone calls on both the wing/unit and counsel rooms were not monitored or recorded.

Through such reviews, the facility meets this standards requirements.

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. Agency website
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Shift Supervisors
 - d. Registered Nurse
 - e. Case Manager
 - f. Assistant Program Director / PREA Coordinator
 - g. Program Director / PREA Manager
3. Site Review Observations:

- a. Locked PREA boxes throughout the facility, to include the reception area.

115.354

(a) The YDC PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. YDC Policy 3.12, Prison Rape Elimination Act, page 9, 4.a, under Third Party Reporting, states, "Third party reports of sexual abuse and sexual harassment can be made. 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 the Administrative staff on a daily basis during the week and by the Supervisors on-duty on the weekends and holidays. Third party reports can also be made to the following entities:

1. York County District Attorney's Office
2. Springettsbury Police Department
3. PrimeCare Medical
4. YWCA of York County
5. PREA box located throughout the facility
6. Main Lobby.

Upon review of the agency/facility website, complete instructions regarding third party reporting are available, in detail. The facility exceeds this standard as they provide multiple ways for third party reporting, to include a private PREA box located in the facilities lobby.

Through resident interviews, all were aware third party reporting options exist through having a family member or legal representative report for them. Staff were aware family members and legal representatives could file a report for residents. Although residents and staff were aware of third party reporting, not all were aware of the many options the facility and agency make available to third party reporters. Through the site observation, this auditor witnessed the PREA box available in the lobby for third party reporters. This auditor verified reporting options several through the agency and facility website instruction for third party reporting.

Through such reviews, the facility exceeds this standards requirements.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

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

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011
 - d. YDC Policy 2.04 Incident Reporting, dated June 6, 2011
 - e. Resident files with incidents of sexual abuse
 - f. Staff training files
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Staff Trainer
 - d. Shift Supervisors
 - e. Registered Nurse
 - f. Case Manager
 - g. Assistant Program Director / PREA Coordinator
 - h. Program Director / PREA Manager

115.361

- (a) The YDC PAQ states The agency requires all staff to report immediately and according to agency policy and 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. The agency requires all staff to report immediately and according to agency policy any retaliation against residents or staff who reported such an incident. The agency requires all staff

to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

YDC Policy 3.12, Prison Rape Elimination Act, page 10, 1.a., under Official Response Following a Resident Report, states, "All Youth Development Center staff is required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in the facility. This includes 3rd party and anonymous reports. Reports are not contingent on persons, locations, intent, neglect, performance, or any other factors contributing to the incident. ChildLine will be contacted and the procedures outlined in facility policy 2.03 and 2.04 will be followed." As has been stated in above provisions, ChildLine has been verified by this auditor. YDC Policy 2.13, Mandated Reporting policy statement states, "The Facility and its employees shall report all suspected or alleged child abuse for suspected abuse that occurred outside the facility and suspected abuse that occurred in the facility. In addition, the facility shall report any injury to a child resulting from a physical restraint or attempted restraint." The policy also includes all procedures to be followed for mandated reporting.

- (b) The YDC PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. YDC Policy 3.12, Prison Rape Elimination Act, page 10, 1.b., under Official Response Following a Resident Report, states, "All incidents fall under the mandated abuse reporting requirements outlined in the Pennsylvania Child Protective Services Law." This law specifically states, "Code 3490.11. Reporting suspected child abuse. (a) A person may make a reported of suspected child abuse to ChildLine or a county agency of the person has reasonable cause to suspect that a child has been abused. Reports shall be accepted by ChildLine or the county agency regardless of whether the person identifies himself."
- (c) The YDC PAQ states apart from reporting to the designated supervisor or official and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decision. YDC Policy 3.12, Prison Rape Elimination Act, page 10, 1.c., under Official Response Following a Resident Report, 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."
- (d,e) YDC Policy 3.12, Prison Rape Elimination Act, page 10, 1.d-e, states, "apart from reporting to a supervisor on-duty, other officials, and State and local agencies, staff is prohibited from revealing any information related to sexual abuse to anyone other than absolutely necessary in order to make treatment, investigation and other security management decisions. 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. 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 procedures outlined in Facility 2.03 will be followed. The appropriate office of the agency/facility where the sexual abuse is alleged to have occurred will be contacted by the Director and their

Director notified of the incident. Notification must occur within twenty-four (24) hours of receipt of the report. An incident report will be written and filed that contains documented details of notification.

- (f) YDC Policy 3.12, Prison Rape Elimination Act, page 10, 1.a. states All Youth Development Center staff is required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in the facility. This includes 3rd party and anonymous reports. ChildLine will be contacted and the procedures outlined in facility policy 2.03 and 2.04 will be followed. (Policy 2.03 is the Mandated Child Abuse reporting procedures for York County. Policy 2.04 Incident Reporting for York Youth Development Center which states, “any report files will be investigated in the same manner as any other incident that pertains to sexual abuse within the facility.”

Through interviews with staff, all were able to report the requirement to immediately report any suspicion or incident of sexual abuse or harassment. Supervisory staff reported any type of retaliation would be addressed and reported immediately. Any retaliation witnessed is documented on the residents ‘Phase” or safety plan. Through staff file review, this auditor witnessed every staff having a certificate or documented training of the completion of Mandatory Reporting. Staff interviewed, to include the RN, reported they are mandatory reporters and that they make residents aware of mandatory reporting requirements upon either intake or when abuse is reported by residents or third parties. Through staff interviews, this auditor was told that in the state of Pennsylvania, staff who receive the report of child abuse are required to call ChildLine and report the abuse. Staff interviewed do tell their supervisory staff of the abuse as well, however; the supervisor cannot make the call to ChildLine for them.

Through such reviews, the facility meets this standards requirements.

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 3.01, General Client Rights, dated August 1, 2018
 - d. YDC Policy 3.02, Grievances, dated August 1, 2018
 - e. York County Youth Development Grievance Form
 - f. York County Youth Development Medical and Surgical Consent Form
 - g. Resident files
2. Interviews:
 - a. Random staff
 - b. Staff Trainer
 - c. Shift Supervisors
 - d. Teacher
 - e. Case Manager
 - f. Assistant Program Director / PREA Coordinator
 - g. Program Director / PREA Manager
 - h. Springettsbury Township Police Detective

115.362

- (a) The YDC PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 33 months the facility has had zero residents subject to substantial risk of imminent sexual abuse.

YDC Policy, 3.12, Prison Rape Elimination Act, page 9, 2.g., 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 the Director of the Youth Development Center. Corrective action will be processed and completed within forty-eight (48) hours of receipt 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 decisions of the Youth Development Center and all conclusions reached and actions taken will be documented."

Through resident file review and interviews, this auditor found two occurrences in the last 33 months of a resident reporting sexual abuse. Neither case involved substantial risk. However, in both occurrences reported the residents were separated into different wings/units and reports were immediately provided to the Springettsbury Township Police Department. Through staff interviews, staff were able to articulate the seriousness and urgency in which they are to separate residents upon any report of sexual harassment or sexual abuse.

Through such reviews, the facility meets this standards requirements.

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:

- a. YDC PAQ
- b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
- c. YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011
- d. YDC Policy 2.04 Incident Reporting, dated June 6, 2011

2. Interviews:

- a. Program Director / PREA Manager
- b. Assistant Program Director / PREA Coordinator

115.363

- (a) The YDC PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 33 months the facility has received zero reports that a resident was abused while confined at another facility.

YDC Policy 3.12, Prison Rape Elimination Act, page 10, 2.a-c., under Reporting to Other Facilities, 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 procedures outlined in Facility 2.03 will be followed. During the pre-audit phase of this review, YDC policy did not stipulate the requirement for the YDC Director to contact the receiving facility director. Since, the facility has revised policy 3.12 to state, "The appropriate office of the agency/facility where the sexual abuse is alleged to have occurred will be contacted by the Director and their Director notified of the incident. Notification must occur within twenty-four (24) hours of receipt of the report. An incident report will be written and filed that contains documented details of notification."

- (b) The YDC PAQ states the agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. (Facility sustainment of this provision is in section (a)).
- (d) The YDC PAQ states the agency or facility documents that it has provided such notification within 72 hours after receiving the allegation. (Facility sustainment of this provision is in section (a)).
- (d) The YDC PAQ states the agency or facility policy requires that allegations received from other agencies or facilities are investigated in accordance with the PREA standards. The facility has had zero allegations of sexual abuse reported from other facilities in the last 33 months. YDC Policy 3.12, Prison Rape Elimination Act, page 10, 2.d., under Reporting to Other Facilities, states, "Any report filed by another agency to the Youth Development Center will be investigated in the same manner as any other incident that pertains to sexual abuse within the facility."

During the interview with the facility head, program director, he was not aware of the standard requirement of the facility director reporting allegations of sexual harassment or sexual abuse to the receiving facility director. Moving forward, the program director is now aware of the requirement and will make any such notifications within the required 72 hours of receipt. During the pre-audit phase of this review, YDC policy did not stipulate the requirement for the YDC Director to contact the receiving facility director. Since, the facility has revised policy 3.12 to state, "The appropriate office of the

agency/facility where the sexual abuse is alleged to have occurred will be contacted by the Director and their Director notified of the incident. Notification must occur within twenty-four (24) hours of receipt of the report. An incident report will be written and filed that contains documented details of notification.” Moving forward, the YDC Program Director is now aware of the requirement and will make any such notifications within the required 72 hours of receipt of notification.

Through such reviews, the facility meets this standards requirements.

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011
 - d. YDC Policy 2.04 Incident Reporting, dated June 6, 2011
 - e. Staff training files
2. Interviews:
 - a. Random staff
 - b. Staff Trainer
 - c. Shift Supervisors
 - d. Teacher
 - e. Case Manager
 - f. Assistant Program Director / PREA Coordinator
 - g. Program Director / PREA Manager

115.364

- a. (a) The YDC PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to, (1) separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. The facility has had zero allegation in the last 33 months where a resident was sexually abused.

YDC Policy 3.12, Prison Rape Elimination Act, page 10-11, 3.a., 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:

- Initiating a unit transfer of other placement within the facility, or an administrative transfer to another facility or program.

- Notifying medical staff for instructions regarding examination of the resident;
- Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; 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, eating;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensuring 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;
- 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.
- The supervisor on duty will notify the appropriate law enforcement agency and follow all directives and recommendation of that agency.
- ChildLine will be contacted and the procedures outlined in 2.03 will be followed.

(b) The YDC PAQ states the agency policy requires that if the first staff responder is not a security staff member, threat responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. YDC Policy 3.12, Prison Rape Elimination Act, page 11, 3.b., states, "If the first responder is not a Youth Counselor, the responder will be required to request the victim to not take any action that could destroy physical evidence. The responder should then immediately notify facility staff."

Through random staff interviews they were able to articulate first responder responsibilities and the immediate need to separate victims from perpetrators, preservation of evidence and notification to supervisory staff. Staff stated they would move residents to at least ensure their safety, not let them brush their teeth or use the restroom and or change their clothing. Staff stated they would stay with the victim until supervisory staff gave further instruction. Through supervisory staff interviews, they were able to articulate first responder responsibilities in the same manner as random staff; however, supervisory staff reported they would make all the necessary notifications to the Assistant Program Director and the Springettsbury Township Police Department.

Through such reviews, the facility meets this standards requirements.

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011
 - d. YDC Policy 2.04 Incident Reporting, dated June 6, 2011
2. Interviews:
 - a. Shift Supervisors
 - b. Case Managers
 - c. Assistant Program Director / PREA Manager
 - d. Program Director / PREA Manager

115.365

- a. (a) The YDC PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. YDC Policy 3.12, Prison Rape Elimination Act, page 11, 4.a., under Coordinated Response, states, "The Director, or designee, in consultation with the appropriate law enforcement agency, will notify the following individuals/entities of the report:
 - The victim's parents or guardians;
 - The placing agency (i.e. Juvenile Probation, Children, Youth, and Families);
 - The Pennsylvania Department of Public Welfare through the HCSIS System;
 - The appropriate law enforcement agency;
 - YWCA of York
 - ChildLine, as detailed in facility policy 2.03.

YDC does not have a specific communication tree available, however; through supervisory staff interviews, staff reported they would make all the necessary notifications to the Assistant Program Director and the Springettsbury Township Police Department.

Through such reviews, the facility meets this standards requirements.

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019

- c. Agreement between York County Youth Development Center and Teamsters Local 776 Harrisburg, PA. Dated January 1, 2019 through December 31, 2022.

2. Interviews:

- a. Assistant Program Director / PREA Coordinator

115.366

- (a) The YDC PAQ states the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.

YDC Policy 3.12, Prison Rape Elimination Act, page 11, 5. Under Collective Bargaining, states, "The Youth Development Center does have a collective bargaining agreement. 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." This facility has an agreement between York County Youth Development and Teamsters Local 776, Harrisburg, PA. This agreement clearly gives the YDC autonomy to ensure staff follow all requirements of PREA, mandated reporting as well as all other rules and regulations required by the YDC and child laws established in the state of Pennsylvania.

- (b) The auditor is not required to audit this provision.

Through such reviews, the facility meets this standards requirements.

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures 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 No

115.367 (c)

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

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review;
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. YDC Policy 2.03 Mandatory Reporting, dated May 27, 2011
 - d. YDC Policy 2.04 Incident Reporting, dated June 6, 2011
 - e. Resident Safety Plan (document not dated)
2. Interviews:
 - a. Random staff
 - b. Shift Supervisors
 - c. Case Managers
 - d. Assistant Program Director / PREA Coordinator

115.367

- (a) The YDC PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. YDC Policy 3.12, Prison Rape Elimination Act, page 11, 6.a., under Protection from retaliation, states, "The Youth Development 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 Development Center administrators and supervisors will conduct monitoring to ensure these protections.
- (c-d) The YDC PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The length of time the facility monitors the conduct or treatment is 90 days. The facility continues such monitoring

beyond 90 days if the initial monitoring indicates a continuing need. There have been zero incidents of retaliation occurred in the past 33 months.

(e) YDC Policy 3.12, Prison Rape Elimination Act, page 11, 6.c-d., under Protection from retaliation, states, Measure to protect staff and residents will include, but are not limited to, the following:

- Initiating Unit transfers of both victims and alleged abusers;
- Removing staff from contact with the victim (in accordance with Pennsylvania Department of Public Welfare §3800 regulations);
- Providing emotional support services through the YWCA of York and the County Employee Assistance Program (“EAP”);
- Monitoring for any changes by staff or residents that suggest possible retaliation.

Unannounced rounds, facility camera system, and presence with residents and staff by supervisors are tools utilized by YCD to monitor retaliation. When accusations of abuse are received, safety plans are also created to prevent contact between the alleged victim and alleged perpetrator.

Through interviews with staff, all reported any retaliation would be immediately addressed and reported to the shift supervisor. Supervisory staff reported any type of retaliation would be addressed and documented on the residents ‘Phase’ or safety plan. The Assistant Program Director and Shift Supervisors both reported retaliation would be monitored as long as was necessary to ensure residents felt safe and protected.

Through such reviews, the facility meets this standards requirements.

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 14, 2019
2. Interviews:
 - a. Random residents
 - b. Random staff
 - c. Shift Supervisors
 - d. Case Manager
 - e. Assistant Program Director / PREA Manager
3. Site Review Observation:
 - a. No evidence of isolation rooms

115.368

- (a) The facility does not have a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until alternate means of keeping all residents safe can be arranged. YDC does not utilize administrative seclusion.

Through site observation, resident and staff interviews, this auditor did not witness any type of isolation room(s) nor was isolation spoke of in any regard. As is stated in other areas of this report, residents who are at risk are placed on a 'Phase' safety plan with heightened supervision by all staff.

Through such reviews, the facility meets this standards requirements.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

criminal OR administrative sexual abuse investigations. See 115.321(a).]

Yes No NA

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interviews:
 - a. Assistant Program Director / PREA Coordinator
 - b. Program Director / PREA Manager

115.371

- (a, b, c, i, l) The YDC PAQ states the facility has a policy related to criminal and administrative agency investigations. YDC Policy 3.12, Prison Rape Elimination Act, page 12, 1., first bullet, under Investigations, 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. The YDC will cooperate with the investigating law enforcement agency and will remain informed about the progress of the investigation. Due to YDC staff not having the responsibility of completing investigations, this auditor interviewed the York County District Attorney's Office Detective and the Springettsbury Township Police Department Detective to ensure PREA requirements were considered during criminal investigations. Refer to standard 115.321 for interviews with detectives. Neither outside entity has been trained by YDC staff on PREA investigations. Both entities reported they did not take PREA standards into consideration during investigations; however, through the interview process this auditor could ascertain that all PREA requirements were met during investigations to include written reports provided to the facility once investigations were completed. In addition, investigators had several years of experience working in sex crime units and extensive training for all ages of victims in at outside of confinement settings within and through their employment.
- (d) The YDC PAQ states the facility does not terminate an investigation solely because the source of the allegation recants the allegation. Due to the YDC not having any closed investigations to date, this auditor could not ascertain standard non-compliance for this provision.
- (f) YDC Policy 3.12, Prison Rape Elimination Act, page 12, 1., second bullet states "The determination of credibility of an alleged victim, suspect, or witness will be assess on an individual basis. No resident who alleges sexual ab use will be subjected to a polygraph examination or other truth telling device ty the YDC as a condition for proceeding with the investigation of the allegation.

- (g, j) The YDC PAQ states the agency retains all written reports pertaining to administrative or criminal investigations of alleged sexual abuse or sexual harassment for as long as the alleged abuse is incarcerated or employed by the agency, plus five years. YDC Policy 3.12, Prison Rape Elimination Act, page 12, 1., fourth bullet, under Investigations, states, “Upon completion of the investigation by the appropriate law enforcement agency, the entire incident will be reviewed by the Youth Development 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. These reviews will be maintained for as long as the alleged abuser is housed in or employed by the Youth Development Center, plus an additional five (5) years. In addition: YDC Policy 3.12, Prison Rape Elimination Act, page 12, 1., third bullet, under Investigations, states, “The departure of an alleged abuser or victim from employment or custody is not basis for terminating the investigation or influencing the outcome. The determination of credibility of an alleged victim, suspect, or witness will be assessed on an individual basis. No resident who alleges sexual abuse will be subjected to a polygraph examination or other truth telling device by the Youth Development Center as a condition for proceeding with the investigation of the allegation. Due to the YDC not having any closed investigations to date, this auditor could not ascertain standard non-compliance for this provision.
- (k) YDC Policy 3.12, Prison Rape Elimination Act, page 12, 1., third bullet states “The departure of an alleged abuser or victim from employment or custody is not basis for terminating the investigation or influencing the outcome.
- (m) The YDC PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. speaks to compliance in provision (a) of this provision.

Through interviews with the Program Director and the Assistant Program Director, both reported once an incident of sexual abuse has been determined to be criminal in nature, the allegation would be reported and referred to the Springettsbury Township Police Department for investigation. Both the Program Director and the Assistant Program Director reported once the Springettsbury Township Police Department or the York County District Attorney completed a substantiated or unsubstantiated finding, YDC would complete an internal investigation.

Through such reviews, the facility meets this standards requirements.

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interview:
 - a. Program Director / PREA Manager

115.372

- (a) The YDC PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. YDC Policy 3.12, Prison Rape Elimination Act, page 12, 2. Under Evidentiary Standard for Administrative Investigations, states, "The Youth Development Center will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."

Through interviews with the Program Director, he reported he will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Through such reviews, the facility meets this standards requirements.

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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 No NA

115.373 (c)

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interview:
 - a. Assistant Program Director / PREA Coordinator

115.373

- (a) the YDC PAQ states the agency as a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. There have been zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency or facility in the past 33 months. YDC Policy 3.12, Prison Rape Elimination Act, page 12, 3. a., under Reporting to Residents, 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."
- (b) The YDC PAQ states the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. There have been zero investigations of alleged resident sexual abuse in the facility that were completed in the past 33 months. There were zero investigations of alleged resident sexual abuse in the facility that were

completed by an outside agency in the past 33 months. Compliance sustainment with this requirement is noted in (a) of this provision. The facility does currently have one allegation of sexual abuse currently being investigated. This allegation is in regard to a male resident touching a female resident on her bottom, over her clothing.

- (c) The YDC PAQ states that following a resident's allegation, that a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident whenever; the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in an agency facility in the past 33 months. YDC Policy 3.12, Prison Rape Elimination Act, page 12-13, 3. b., under Reporting to Residents, states, "Following a resident's allegation that a staff member committed sexual abuse, the Youth Development Center will update the resident and parent whenever:
- The staff member is no longer posted within the resident's living unit; The staff member is no longer employed at the facility;
 - The staff member is indicated on a charge of or related to sexual abuse;
 - The staff member is convicted on a charge of or related to sexual abuse.
- (d) The YDC PAQ states that following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged ab user has been convicted on a charge related to sexual abuse within the facility. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 3. c., under Reporting to Residents, states "Following a resident's allegation that he or she was abused by another resident, the alleged victim will be informed whenever:
- The alleged abuser is criminally charged related to the sexual abuse.
 - The alleged abuser is adjudicated on a charge related to sexual abuse.
- (e) The YDC PAQ states the agency has a policy that all notifications to residents described under this standard are documented. There have been zero notifications to residents that were made pursuant to this standard in the past 33 months. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 3. d., under Reporting to Residents, states "Any notification to a victim, parent, and guardian will be documented in writing and placed in the resident's legal file."

Through interviews with the Assistant Program Director, he reported that he would make residents aware of the outcome of investigations with substantiated or unsubstantiated investigations. The Assistant Program Director also stated that since the mandate of PREA, the facility has not had a substantiated or unsubstantiated outcome.

Through such reviews, the facility meets this standards requirements.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interviews:
 - a. Assistant Program Director / PREA Coordinator
 - b. Program Director / PREA Manager

115.376

- (a) The YDC PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. YDC Policy 3.12, page 13, 1.a., under Discipline, states, "The Youth Development Center has a zero tolerance for any staff member that violates this policy as it pertains to sexual abuse or harassment. Staff will be subject to disciplinary actions, up to and including termination, for violating the facility's sexual abuse or sexual harassment policies. 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. 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 collective bargaining agreement or in the County of York policy manual. Sanctions will be imposed based on the incident level, disciplinary history, and past precedent of sanctions implemented at the facility for similar occurrences.
- (b) The YDC PAQ states in the past 33 months, there have been zero staff from the facility that have violated agency sexual abuse or sexual harassment policies. In the past 33 months, zero staff from the facility have been terminated for violating agency sexual abuse or sexual harassment policies. YDC Policy 3.12, page 13, 1.a., under Discipline, sustains compliance with this provision.
- (c) The YDC PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 33 months there have zero staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. YDC Policy 3.12, page 13, 1.a., under Discipline, sustains compliance with this provision.
- (d) The YDC PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 33 months, there have been zero staff from the facility that have been reported to law enforcement or licensing boards following their termination for violating agency sexual abuse or sexual harassment policies. YDC Policy 3.12, page 13, 1.b., under Discipline, 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 agency. If it is determined the activity was criminal, charges will be filed and the Pennsylvania Department of Human Services will be notified.”

Interviews with the Program Director and Assistant Program Director, both stated employees would be removed pending any investigation of sexual abuse. The Assistant Program Director also stated that since the mandate of PREA, the facility has not had an incident of sexual abuse. Through file review, there was no evidence of an occurrence or allegation of sexual abuse involving a staff member.

Through such reviews, the facility meets this standards requirements.

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interviews:
 - a. Assistant Program Director / PREA Coordinator

115.377

- (a) The YDC PAQ states the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant laws. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 33 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 33 months, zero contractors/volunteers were reported to law enforcement for engaging in sexual abuse of residents.

YDC Policy 3.12, Prison Rape Elimination Act, page 13, 2., under Corrective Action for Contractors and Volunteers states, The Youth Development Center has zero tolerance for any contractor or volunteer who engages in sexual abuse or sexual harassment. 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.

- (b) The YDC PAQ states the facility takes appropriate remedial measures and considers 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. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 2., under Corrective Action for Contractors and Volunteers sustains compliance for this provision.

Through interviews with the Assistant Program Director there has never been an occurrence or allegation of sexual abuse involving a contractor or volunteer.

Through such reviews, the facility meets this standards requirements.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may

residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Resident Orientation (document not dated)
2. Interview:
 - a. Assistant Program Director / PREA Coordinator

115.378

- (a) The YDC PAQ states residents are 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. Resident are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 33 months, zero administrative finds of resident-on-resident sexual abuses have occurred at the facility. In the past 33 months, there have been zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 3. a., under Resident Sanction, states, "The Youth Development Center has zero tolerance for any resident who engages in sexual abuse or sexual harassment. Any resident that violates these policies will be subjected to the following:

Disciplinary sanctions as outlined in the resident orientation packet. Sanctions will take into consideration the nature and circumstances of the incident, resident history, mental health and disabilities, and precedent of sanctions imposed at the facility under similar circumstances.

- (b) This facility does not utilize isolation, for any type of disciplinary reason. require the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 3.a. under Resident Sanctions, sustains the provision of this standard.
- (c) The YDC PAQ states the offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. When the facility offers therapy, counseling, or other intervention designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. YDC Policy 3.12, Prison Rape Elimination Act, page 13, 3.a. bullets two and three, under Resident Sanctions, states, "Mandated counseling, therapy or other interventions as ordered by the juvenile court system. Criminal charges as filed by the York County District Attorney's Office. YDC also supplied a York County Youth Development Center Resident Orientation sheet that explains consequences when zero tolerance rules are not followed. An important note to consider is that this facility is a shelter and mental health services are not of general program inclusions. There for, mental health services would need to be court ordered.
- (d) The YDC PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. YDC Policy 3.12, Prison Rape Elimination Act, page 13 under 3., b., under Resident Sanctions, states, Residents are subject to disciplinary sanctions for contact with staff if upon investigations it is determined that the staff member did not consent to such contact.
- (e) The YDC PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evident sufficient to substantiate the allegations. YDC Policy 3.12, Prison Rape Elimination Act, page 13 under 3., c., under Resident Sanctions, 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."
- (f) The YDC PAQ states the agency prohibits all sexual activity between residents. The agency prohibits all sexual activity between residents and disciplines resident for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. YDC Policy 3.12, Prison Rape Elimination Act, page 13 under 3., c., under Resident Sanctions, states, "Sexual contact between residents is strictly prohibited."
- (g) The YDC PAQ states the agency prohibits all sexually activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it

determines that the activity is coerced. YDC Policy 3.12, Prison Rape Elimination Act, page14, under d., Resident Sanctions, states, “sexual contact between residents is strictly prohibited.”

Through the interview with the Assistant Program Director, he made this auditor aware that due to this facility being a shelter, all therapeutic services must be mandated by the court. Due to the specific license type of this facility, there is not a mental health counselor of any type employed by the facility. All types of counseling are court ordered by either a county worker or persons contracted with the County of York.

Through such reviews, the facility meets this standards requirements.

“MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Policy Manual, Policy Number: GI-19.0, effective date: August, 19, 2015, Subject: Child Protective Services Law
 - d. Resident medical files
 - e. Resident files
 - f. Staff training files
2. Interviews:
 - a. Registered Nurse
 - b. Random staff – all staff compete intakes
 - c. Shift Supervisor
 - d. Staff Trainer
 - e. Case Manager
 - f. Assistant Program Director / PREA Manager

115.381

- (a) The YDC PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to Standard 115.341 are offered a follow-up meeting with a medical or mental health practitioner. Follow up meeting are offered within 14 days. In the past 33 months, zero percent of resident disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials documenting compliance with the above required services. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 1.a., under Medical and Mental Health, 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 Development Center, other institution, or in the community will be offered a follow up meeting with PrimeCare Medical staff or the YWCA of York within fourteen (14) days of admission to the facility."

- (b) The YDC PAQ states all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to Standard 115.341, are offered a follow-up meeting with a mental health practitioner. Although there were no such reports, all residents will be offered follow-up within 14 days of the intake screening. In the past 33 months, zero percent of residents disclosed previously perpetrated sexual abuse, as indicated during screening who were offered a follow up meeting with a mental health practitioner. Mental Health staff maintain secondary materials documenting compliance with the above required services. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 1.b., under Medical and Mental Health, 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 Development Center, other institution, or in the community will be offered a follow up meeting with PrimeCare Medical staff or YWCA of York within fourteen (14) days of admission into the facility.”
- (c) The YDC PAQ ensures the information shared with other staff is strictly limited to informing security and management decision, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 1.b., under Medical and Mental Health, states, “Any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited for use by PrimeCare Medical staff and YWCA of York. Information will only be provided to the Youth Development Center that would impact such as unit assignment, resident health and safety plans, program assignments, and security decisions.”
- (d) The YDC PAQ states medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that not occur in an institutional setting, unless the resident is under the age of 18. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 1.c., under Medical and Mental Health, 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 the interview with the RN, she stated she would document in the resident record any report of alleged sexual abuse. The RN stated she refers all allegations and or reports of sexual abuse to the PrimeCare physician, who works at the county prison, and direct the facility staff of the physicians’ recommendation. The RN stated due to the facility being a shelter and many residents not have a normalized home environment where legal guardians were not ‘parents’ she would not get informed consent before reporting. The RN stated although she would allow the resident to have a say in his or her medical treatment plan, she was a mandated reporter and would report any allegation of sexual abuse.

Through such reviews, the facility meets this standards requirements.

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ

b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019

2. Interviews:

- a. Registered Nurse
- b. Assistant Program Director / PREA Manager

115.382

- (a) The YDC PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary material documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. YCD Policy, 3.12, Prison Rape Elimination Act, page 14, 2.a., under Resident Access to Emergency Medical and Mental Health Services, states, "Victims of sexual abuse must receive immediate medical treatment and crisis intervention services provided by PrimeCare Medical and YWCA of York. These services must include, where appropriate, information about contraception, sexually transmitted diseases, and infections. Facility policy will also be followed to protect the resident, and if required, transport the resident to York Hospital." In addition to information provided by policy, the SANE/SAFE Nurse interview collaborates sustainment with practices required of this provision.
- (b) PREA Juvenile Facility Standard, 115.382 (b) states, if no qualified mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victims pursuant to 116.362 and shall immediately notify the appropriate medical and mental health practitioners. YCD Policy, 3.12, Prison Rape Elimination Act, page 14, 2.a., under Resident Access to Emergency Medical and Mental Health Services sustains this provision.
- (c) The YDC PAQ states resident victims of sexual abuse while incarcerated are 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. YCD Policy, 3.12, Prison Rape Elimination Act, page 14, 2.a., under Resident Access to Emergency Medical and Mental Health Services sustains this provision.
- (d) The YDC PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident. YCD Policy, 3.12, Prison Rape Elimination Act, page 14, 2.d., under Resident Access to Emergency Medical and Mental Health Services, states, "All treatment services will be provided to the victim without cost to victim, parent, or guardian."

Through the interview with the RN and the Assistant Director, both reported residents would receive immediate access to medical services in the event of a sexual assault. As is described above in this report, mental health follow up would be referred to and mandated by the court.

Through such reviews, the facility meets this standards requirements.

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
2. Interview:
 - a. Registered Nurse

115.383

- (a) The YDC PAQ states the facility offers 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. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.a., under Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, states, "Medical and mental health evaluation will be offered to residents who are victims of sexual abuse. 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 services will be consistent with care received if the resident was in the community."
- (b) PREA Juvenile Facility Standard, 115.382 (b) states, the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.a., under Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, sustains this provision.

- (c) PREA Juvenile Facility Standard, 115.382 (c) states, the facility shall provide such victims with medical and mental health services consistent with the community level of care. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.a., under Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, sustains this provision.
- (c) The YDC PAQ states Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.d., under Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, states, PrimeCare Medical offers all females pregnancy tests upon admission and by request while at the Youth Development Center. 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.
- (d) The YDC PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.d., sustains this provision.
- (e) The YDC PAQ states resident victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.f., states, “Any resident who is a victim of sexual abuse while at the Youth Development Center will be offered STD testing through PrimeCare Medical as is medically appropriate.”
- (g) PREA Juvenile Facility Standard, 115.382 (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.g., states, “All treatment services are provided to the victim without cost to victim, parent, or guardian.”
- (h) The YDC PAQ states the facility attempt to conduct a mental health evaluation of all known resident-on-resident abuses within 60 days of leaning of such abuse history and offers treatment when deemed appropriate by metal health practitioners. YDC Policy 3.12, Prison Rape Elimination Act, page 14, 3.h., 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 contact and will be offered treatment where mental health practitioners deem appropriate.”

During the interview with the RN, she stated all female residents are given free pregnancy tests during the intake health assessment/physical and would be provided additional pregnancy tests if a sexual abuse occurs at no cost to the resident. The RN also stated female residents would be offered information regarding sexually transmitted diseases, the morning after pill and any medical follow up care prescribed by the hospital. Male residents are also offered information regarding sexually transmitted diseases and information for condoms and safe sex activities. As is described above in this report, mental health follow up would be referred to and mandated by the court.

Through such reviews, the facility meets this standards requirements.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Sexual Abuse Incident Review form (form not dated)
2. Interview:
 - a. Assistant Program Director / PREA Manager

115.386

- (a) The YDC PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 33 months, there have zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The YDC Policy 3.12, Prison Rape Elimination Act, page 15, 1.a., under Sexual Abuse Incident Reviews, states, "The Youth Development Center will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation regardless of the outcome within thirty (30) days of receiving the report from the investigating law enforcement agency."
- (b) The YDC PAQ states Sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigations. IN the past 33 months there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days. The YDC Policy 3.12, Prison Rape Elimination Act, page 15, 1.a., under Sexual Abuse Incident Reviews sustains this provision.

(c) The YDC PAQ states the sexual abuse incident review team includes upper-level management official and allows for input from line supervisor, investigators, and medical or mental health practitioners. The YDC Policy 3.12, Prison Rape Elimination Act, page 15, 1.b., under Sexual Abuse Incident Reviews, states, “The incident will be reviewed by a team of Youth Development Center staff consisting of the following individuals:

- Facility Director
- Assistant Director
- Training Supervisor
- PrimeCare Medical Staff
- YWCA of York Staff member
- Investigating Law Enforcement Agency Staff member (where applicable).

(d) The YCD PAQ states the facility prepares a report of its findings from sexual abuse incidents reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PERA compliance manager. The YDC Policy 3.12, Prison Rape Elimination Act, page 15, 1.c., under Sexual Abuse Incident Reviews, states, “The review team will convene and review the following:

- 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.
- Whether the incident or allegation was motivated by race, ethnicity, sexual orientation or identifications, perception of such status by other residents, gang affiliation, or group dynamics;
- Whether the physical plant may have contributed to the incident.
- Whether staff levels or patterns might have impacted the situation;
- Whether possible changes to technology, such as cameras, is required.

At the conclusion of the review, the review team will prepare a report with the team’s findings and recommendations.

(e) The facility implements the recommendations for improvement or documents its reasons or not doing so. The YDC Policy 3.12, Prison Rape Elimination Act, page 15, 1.e., under Sexual Abuse Incident Reviews, states, “The Youth Development Center Director and Training Supervisor 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.” YDC supplied a York County Youth Development Center Sexual Abuse Incident Review form which meets all criteria for this provision.

Through the interview with the Assistant Program Director, he stated the review of all incidents of sexual abuse are reviewed with himself, the Program Director, the facility trainer, shift supervisors, Springettsbury Policy Department, the York County District Attorney’s office, outside advocates and any other persons who could have an influence on recommendations for providing a safer environment for residents at YDC. The Assistant Program Director stated he would complete an internal investigation as soon as the external investigating entity had and investigation with a finding other than unfounded.

Through such reviews, the facility meets this standards requirements.

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Survey of Sexual Violence
2. Interview:
 - a. Assistant Program Director / PREA Manager

115.387

- (a)/(c)-1 The YDC PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. YDC Policy 3.12 Prison Rape Elimination Act, page 15, 2.a., under Data Collection, states, "The Youth Development 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."
- (a)/(c)-2 The YDC PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. YDC Policy 3.12 Prison Rape Elimination Act, page 15, 2.a., under Data Collection sustains this provision. YDC supplied three years of aggregate data which is maintained on separate York County Youth Development Center's Survey of Sexual Violence Summaries, as well as the agency website. During the pre-audit phase of this review, the facility had aggregate data available on their website for the year 2016. In addition, the data did not include referrals of sexual abuse to investigating agencies. On April 16, 2019 YDC revised the summary to include aggregate data from 2016 through 2019 to include referrals to outside agencies and has reposted this summary to the facilities website.
- (b) The agency aggregates incident-based sexual abuse data at least annually. YDC Policy 3.12 Prison Rape Elimination Act, page 15, 2.a., under Data Collection sustains this provision.
- (d) The YDC PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. YDC Policy 3.12 Prison Rape Elimination Act, page 15, 2.a., under Data Collection sustains this provision.
- (e) The YDC PAQ states the agency does not contract for the confinements of its residents.

- (f) The YDC PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The Youth Development Center will provide such data to the Department of Justice from the previous year no later than June 30 of each calendar year.” This data is maintained on the facilities annual survey of sexual violence.

During pre-audit discussions with the Assistant Program Director, this auditor made him aware that the summary information submitted and available on the facility website was not inclusive of this provision. The facility had aggregate data available on their website for the year 2016. In addition, the data did not include referrals of sexual abuse to investigating agencies. On April 16, 2019, YDC revised the summary to include aggregate data from 2016 through 2019 to include referrals to outside agencies and has reposted this summary to the facilities website.

Through such reviews, the facility meets this standards requirements.

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Survey of Sexual Violence
2. Interview:
 - a. Assistant Program Director / PREA Coordinator

115.388

- a. (a) The YDC PAQ states the agency reviews 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, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its finding from its data review and any corrective actions for each facility, as well as the agency as a whole. YDC Policy 3.12, Prison Rape Elimination Act, page 15-16, 3.a., b., under Data Review for Corrective Action, states, "The Youth Development Center will document that there is accountability for those who perpetrate sexual abuse by tracking the following:
 - The forwarding of reports related to sexual abuse to law enforcement including the disposition of each case;
 - The status of investigations conducted by the law enforcement concerning suspected incidents of sexual abuse;
 - Referrals of sexual abuse cases for prosecution, including the status and outcome of such efforts within the judicial system;
 - Document that victims of sexual abuse receive appropriate follow-up care as required under this policy.

The Youth Development 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;

- Identifying problem areas;
- Taking corrective action on an ongoing basis;
- Preparing an annual report of its findings and corrective actions for the facility.

Although the YDC submitted their annual survey summary, this summary does not include information pertaining to the following:

- The forwarding of reports related to sexual abuse to law enforcement including the disposition of each case; or,
- Referrals of sexual abuse cases for prosecution, including the status and outcome of such efforts within the judicial system

- (b) The YDC PDQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. YDC Policy 3.12, Prison Rape Elimination Act, page 16, 3. c, under Data Review for Corrective Action, 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. The report will be made readily available to the public on the Youth Development Center's website." During the pre-audit phase the facility supplied this data on separate forms for years 2016, 2017 and 2018. In order to trend aggregate data this auditor requested the facility place the information on one document as well. Since, the facility has compiled three years of aggregate data on one survey. Data includes two allegations for the past 33 months.
- (c) This auditor verified that the annual summary and subsequent years for this auditing period is available on the agencies website. In addition, The Facility Assistant Director in collaboration with the Director of Communications for the County of York, will place reports on the facilities website under the PREA YCYDC tab following all state, federal, and local laws.
- (d) The agency makes it annual report readily available to the public, at least annually, through its website. YDC Policy 3.12, Prison Rape Elimination Act, page 16, 3. c, under Data Review for Corrective Action sustains this provision. This auditor verified that the annual summary and subsequent years for this auditing period is available on the agencies website.
- (e) The YDC PAQ states the agency redacts material from an annual report for publication, the redactions are limited of specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. YDC Policy 3.12, Prison Rape Elimination Act does include this instruction. During the on-site this auditor concluded that the facility was not preparing a report annually or providing this report to the public. The facility was asked to include this instruction and provide information on specifics of redacted information. The Assistant Program Director stated resident initials will be the only information redacted and currently there is no corrective action from an outside entity to report. The facility annual report will be posted onto the agency website by April 26, 2019.

During the on-site this auditor concluded that the facility was not preparing a report annually or providing this report to the public. The facility was asked to include this instruction and provide information on specifics of redacted information. The Assistant Program Director stated resident initials

will be the only information redacted and currently there is no corrective action from an outside entity to report. The facility annual report will be posted onto the agency website by April 26, 2019.

Through such reviews, the facility meets this standards requirements.

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. YDC PAQ
 - b. YDC Policy 3.12, Prison Rape Elimination Act, dated April 12, 2019
 - c. York County Youth Development Center Survey of Sexual Violence
2. Interview:
 - a. Assistant Program Director / PREA Manager

115.389

- (a) The YDC PAQ states the agency ensures that incident-based and aggregate data are securely retained. The YDC Policy 3.12, Prison Rape Elimination Act, page 16, 4., under Data Storage, Publication, and Destruction, “all data collected pursuant to this policy will be securely retained. All sexual abuse data will be made available to the public on the Youth Development Center’s website in the annual report. All personal identifiers will be removed as required by the Pennsylvania Juvenile Act and the Child Protective Services Law. All data collected will be maintained no less than ten (10) years from the initials date of collection.”
- (b) The YDC PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. The YDC Policy 3.12, Prison Rape Elimination Act, page 16, 4., under Data Storage, Publication, and Destruction sustains this provision.
- (c) The YDC PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifies. The agency maintains sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of initial collection, under Federal, State or local law requires otherwise. The YDC Policy 3.12, Prison Rape Elimination Act, page 16, 4., under Data Storage, Publication, and Destruction sustains this provision.

During the pre-audit phase of this review, the facility had aggregate data available on their website for the year 2016. In addition, the data did not include referrals of sexual abuse to investigating agencies. On April 16, 2019, YDC revised the summary to include aggregate data from 2016 through 2019 to include referrals to outside agencies and has reposted this summary to the facilities website.

Through such reviews, the facility meets this standards requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

- (f) This auditor had complete access to every area of the facility.
- (g) This auditor was permitted to request and receive copies of any relevant documents.
- (h) This auditor was permitted to conduct private interviews residents and staff.
- (i) A copy of the upcoming audit, with this auditor's personal information was posted, allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel.

Through such reviews, the facility meets this standards requirements.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The following evidence was analyzed in making the compliance determination:

1. Document Review:
 - a. County of York website; <http://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html>
2. Interview:
 - a. Assistant Program Director / PREA Coordinator

115.403

- (f) Juvenile PREA standard 115.403 (f) requires the agency ensure the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. The YDC did not make a practice of this standard during this auditing period.

Through review of the agency/facility website, this auditor found that the agency did not make a practice of posting the final audit report from August of 2016. This auditor requested the agency post the final audit report from August 2016 to their website until this final report is available. On April 24, 2019 the agency posted the final report.

Through such reviews, the facility meets this standards requirements.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Karen d. Murray

June 12, 2019

Auditor Signature

Date

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

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