

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of Report: August 5, 2016

Auditor Information			
Auditor Name: Sharon G. Robertson			
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Email: sharongr@bellsouth.net			
Telephone number: (828) 765-8180			
Date of facility visit: July 20-21, 2016			
Facility Information			
Facility name: York County Youth Development Center			
Facility physical address: 3564 Heindel Road, York, PA 17402			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (717) 840-7570			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Rodney Wagner			
Designed facility capacity: 36			
Current population of facility:			
Facility security levels/inmate custody levels: Secure			
Age range of population: 10 years to 20 years old			
Name of PREA Compliance Manager: Rodney Wagner		Title: Director	
Email address: rwwagner@yorkcountypa.gov		Telephone number: (717) 840-7570	
Agency Information			
Name of agency: York County Youth Development Center			
Governing authority or parent agency: <i>(if applicable)</i> County of York, PA			
Physical address: 3564 Heindel Road, York, PA 17402			
Mailing address: <i>(if different from above)</i>			
Telephone number: (717) 840-7570			
Agency Chief Executive Officer			
Name: Rodney Wagner		Title: Director	
Email address: rwwagner@yorkcountypa.gov		Telephone number: (717) 840-7570	
Agency-Wide PREA Coordinator			
Name: Kevin Shepheard		Title: Assistant Director	
Email address: krshepheard@yorkcountypa.gov		Telephone number: (717) 840-7570	

AUDIT FINDINGS

NARRATIVE

A Prison Rape Elimination Act (PREA) Audit of the York County Youth Development Center in York, PA was conducted from July 20-21, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards for juvenile facilities which became effective August 20, 2012. The Notice of the PREA Audit was posted on May 30, 2016 at the York County Youth Development Center on 3564 Heindel Road, York, PA.

The purpose of the York County Youth Development Center ("YDC") is to provide short-term residential care pending juvenile court processing for youth committed by Probation or the Office of Children Youth and Families when remaining with parents is inappropriate. The Shelter houses both dependent and delinquent children based on placement through appropriate admission criteria. The Shelter is a staff-secure alternative to secure detention.

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. YDC is regulated under PA Code Title 55, Chapter 3800. As a community residential shelter, YDC has to allow the residents to go to their own family doctor, attend their own public school, and utilize their own therapist.

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 YDC Board of Managers holds meetings at least quarterly with the Facility Director to enhance communication, establish policy, and explore problems. Programs are analyzed and evaluated in terms of their objectives, cost, and relation to the facility's philosophy and goals.

The administration and staff of YDC subscribe to the principles of the Sanctuary Model as their method for helping residents and their families through a difficult time in their lives. YDC recognizes that each child is unique and brings with them a past that has included trauma. YDC staff also believe that the disruption of the home setting and separation of parent and child causes additional trauma. YDC is a Sanctuary Programs which means they operate as a community. The Sanctuary Model is a trauma-informed method for creating or changing an organization's culture; and pulls from a number of different fields and philosophies to facilitate this cultural change. The Sanctuary terminology focuses primarily on S.E.L.F. This acronym stands for safety, emotional management, loss and future.

The S.E.L.F. Model provides a framework in that it offers four categories for focus and intervention with both residents and families and the organization itself. A Sanctuary community uses the S.E.L.F. Model as a tool to maintain a shared language which keeps everyone on the same page.

S = Safety – being safe physically (outside of your body), psychologically (inside your body), socially (with others) and morally (doing what is right).

E = Emotional Management – is handling your feelings without being destructive to yourself or others (giving words for feelings), neither expressing or suppressing, but managing.

L = Loss – is acknowledging the past, dealing with unresolved grief (saying goodbye) instead of doing what you have always done, and getting those same old results (doing away with old dysfunctional patterns and learning new/healthier patterns).

F = Future – preparing for change, envisioning a different future, establishing the capacity for choice.

On the day of the audit, there were 31 residents housed at YDC. YDC serves both males and females between the ages of 10-21 who are referred by either Juvenile Probation (based on the safety of the community) or the Office of Children, Youth and Families (placement for the safety of the child until referral to a foster family or can return back to their own family). Although lengths of stay vary on an individual basis; they can vary from a half-day to over six months. The average stay is 20–30 days. Provisions must be made by contracting agencies to ensure that youth are not detained unnecessarily or for inordinate amounts of time. All youth admitted to YDC must be medically healthy and may not be under the influence of drugs or alcohol.

An entrance meeting was held the morning of the on-site audit with Kevin Shepherd and Rodney Wagner.

A total of 14 staff were interviewed with at least one staff member interviewed from each category, except for non-medical staff involved in cross-gender searches as the facility does not conduct cross-gender searches. Staff interviews were conducted with staff from all three shifts, as well as staff who work on the weekends. One volunteer was interviewed. YDC does not have any contract personnel.

A total of 10 residents, including some from each of the three residential wings, were interviewed. As of the date of the audit, there were no residents being housed at YDC who had been identified as being disabled/limited English, who had reported as being LGBTI, and who had reported being sexual abused at YDC. YDC does not house or place any resident in isolation or use segregation.

Telephone interviews were conducted with the York County Human Resources Executive Director, a Detective from the York County District Attorney's office who conducts investigations, and a SANE/SAFE Nurse from WellSpan York Hospital.

Throughout the pre-audit and on-site audit, open and positive communication was established between the Auditor and facility staff. During this time, the Auditor discussed her concerns with PREA Coordinator Kevin Shepherd. All concerns were addressed to the Auditor's satisfaction prior to the completion of the Final Report.

When the on-site audit was completed, the Auditor conducted an exit briefing on July 21, 2016. The Auditor gave an overview of the audit and thanked the staff for all their hard work and commitment to the Prison Rape Elimination Act.

The Auditor wishes to extend her appreciation to Director Rodney Wagner and Assistant Director Kevin Shepherd, and the YDC staff for their professionalism they demonstrated through the audit and their willingness to comply with the requests and recommendations made by the Auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is located at 3564 Heindel Road in York, Pennsylvania. The facility is a linear design and was built in 1991 as a 24 bed detention facility/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.

There are three residential wings, with each wing housing both male and female residents in single rooms. The doors in the residential wings do not have locks, and each door has a window covered with a drape. There are two bathroom facilities located in each wing. Only one resident is allowed inside the bathroom at a time with the door closed. Residents are not allowed to go inside another resident's room.

During the first and second shift (from 6:00AM to 10:00PM) there are usually 2-3 staff members on each wing. Staff visually checks each room every 15 minutes when residents are inside the wing. Staff will knock on the resident's door prior to moving the drape aside to allow the resident time to be dressed. Special 5-minute watches are conducted by staff for residents when the intake or risk screening history indicates a history of self-harm or other mental health problems.

Telephones are provided on all wings and are accessible by residents. A telephone is also located in the interview room. Telephone numbers for Childline (the PA statewide hotline number), Victim Services at the YWCA, and True North Wellness are posted next to each telephone. PREA posters are located in each residential wing. A PREA box is located inside each residential wing in an area convenient for the resident to access. PREA posters and a PREA box were also observed in the main lobby next to the reception window just outside the secured administrative office area. There is one main door where entry is electronically controlled leading into the secured area of the YDC facility.

YDC has a digital camera system that monitors the entire facility. There are two cameras located in each residential wing, the dayroom connected to A and B wing, the gymnasium, the kitchen dining room, and the courtyard. A camera is also positioned inside the intake area, the hallway to the medical area, the hallway that surrounds the outside courtyard located in the middle of the facility. There are glass windows looking into the gymnasium, the dayroom, the kitchen, and in the hallway surrounding the courtyard where staff can view residents. A camera is also located in the administrative area where no residents are allowed and is restricted to supervisory and management staff. The Auditor observed that all cameras were working on the date of the audit. No staff member assigned to monitor the camera system, unless supervisors suspect one of the residents may try to flee the facility, when a resident is being held in restraints, and to monitor a new staff member. The camera system is used primarily by supervisory staff to review incidents and to provide education to the staff as to what actions by staff and/or residents lead contributed to the incident.

Residents are provided sweats to wear while inside YDC, and are provided street clothes to wear whenever they leave the facility for court or other outings. The laundry/storage room, which also serves as the janitor's office, is located next to the kitchen and no resident has access to this area. Laundry is performed by staff on third shift, and not by residents.

Some residents attend public school, depending on their situation, and ride the school bus or are transported by YDC staff. The goal is to encourage the child to attend their own public school in order to continue their connections with teachers and friends. Cyber-school is also available. Lockers are provided in the hallway near the kitchen for residents to store their tablets and for those who attend public school to store their books. Residents are not allowed to have any electronic device (cell phone, tablet, I-pad, etc.) inside YDC. No staff member is allowed to bring their cellphone or tablet past the main door in the lobby. Staff utilize a walkie talkie system to communicate with each other while inside YDC.

Staff will take residents on outings with a staffing ratio of 1 staff to 3 residents. On the day of the audit, one staff member was taking 3 residents for their weekly hike in a state park located about 30 minutes away from the facility.

Food is prepared and provided by the York County Prison located next door. Residents housed in A and B wing eat their food inside the large dayroom located adjoining these wings, and residents in C wing eat their food in the dining area just outside the kitchen area. The kitchen is also utilized by staff to hold group sessions where staff teach residents healthy living, cooking and baking skills, and other life skills. The ratio is 1-2 staff members for every 5 residents.

Medical services are provided by licensed, board certified physicians through PrimeCare Medical. Physical health services that are provided are of routine nature to ensure optimal quality of health care, including the administration of physical exams, medication monitoring, and assessment of non-emergency injuries that may have occurred while in placement. YDC is licensed as a community residential shelter; and, as a result of this license, the State of Pennsylvania restricts what types of programs he can offer and will not allow him to hire a psychiatrist or psychologist. YDC does allow children to go to their own family doctor and mental health provider as needed, allows mental health providers to come visit with the child, and will find and provide any therapist as needed (i.e., a therapist specializing in eating disorders).

The Facility Director and the PREA Coordinator reviews the PREA Policy 3.12 annually.

SUMMARY OF AUDIT FINDINGS

After reviewing all information provided during the pre-audit and onsite audit, including, staff and inmate interviews, the auditor has determined the following:

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 3

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.

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

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

115.311 York County Youth & Development Center (“YDC”) Policy No. 3.12, page 1, Prevention Planning: states:

Policy: 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 (“YDC”). Residents of YDC cannot give consent to engage in any sexual activity regardless of age. Accordingly, it is YDC’s policy to ensure that any form of sexual activity between residents or between residents and staff, volunteers, or contract employees, regardless of consent, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution. §115.311(a).

Definitions: Sexual abuse, as referenced in this policy, includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, and sexual harassment.

1. Sexually abusive contact: Touching without penetration of the genitalia, anus, groin, breast, inner thigh, or buttocks, either directly or through the clothing, of another person.
2. Sexually abusive penetration: Contact between the penis and vagina or the penis or anus; contact between the mouth and the penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger, or other object.
3. Indecent exposure: The display by a person of his/ her genitalia, buttocks, or breast in the presence of a resident.
4. Voyeurism: An invasion of a resident’s privacy by a person unrelated to official duties, such as watching a resident who is showering or undressing in his or her room or requiring a resident to expose himself or herself for reasons unrelated to official duties.
5. Sexual harassment: Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by another individual.

PREA Coordinator and Compliance Manager:

1. PREA Coordinator: The Assistant Director of the Youth Development Center will serve as the agency-wide PREA Coordinator. The PREA Coordinator is responsible for developing, implementing and overseeing the County’s efforts to comply with the PREA Standards in all of its facilities. §115.311(b).
2. PREA Compliance Manager: 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 Center’s efforts to comply with the PREA standards. §115.311 (c).

Interview with the PREA Coordinator indicates he is allotted ample time to oversee the agency’s efforts to ensure PREA compliance in its facility. The PREA Coordinator reports to the PREA Compliance Manager who is also the Director of the facility. The PREA Managers stated that he meets with the supervisors when an issue involving complying with a PREA standard is identified, the Incident Review will meet together, discuss the issue and look at both short-term and long-term changes to the environment.

Interview with the PREA Compliance Manager indicates he is allotted ample time to oversee the facility's efforts to ensure PREA compliance. The PREA Compliance Manager stated he meets every week with the PREA Coordinator. The PREA Compliance Manger stated they have built in training days for each shift that allows supervisors to explain directly to the staff the reasoning behind the PREA standards and allows the staff to discuss the standards during these meetings.

As of the date of the audit, YDC reports it operates only one facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- N/A

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

115.312 YDC Policy No. 3.12, page 1, Prevention Planning:

Contracting with Outside Entities for the Confinement of Residents states YDC does not contract with any other entities for the placement of residents.

Standard 115.313 Supervision and monitoring.

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

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

115.313 YDC Policy No. 3.12, page 1-2, Prevention Planning: Supervision and Monitoring states:

1. The Youth Development Center will make all best efforts to comply with a regular staffing plan.
§115.313(a). In calculating adequate staffing levels and determining the need for video monitoring, the following factors will be taken into consideration:
 - A. 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; §115.313(c).
 - B. Generally accepted detention, shelter, and alternative program practices; §115.313(a) (1).
 - C. Any judicial findings of inadequacy; §115.313(a) (2).

- D. Any inadequacy findings from the Federal investigative agencies; §115.313(a) (3).
 - E. Any inadequacy findings from internal or external oversight bodies; §115.313(a) (4).
 - F. All components of the physical plant; §115.313(a) (5).
 - G. The composition of the resident population; §115.313(a) (6).
 - H. The number and placement of supervisory staff; §115.313(a) (7).
 - I. Programs occurring on a particular shift; §115.313(a) (8).
 - J. Any applicable State or local laws, regulations or standards; §115.313(a) (9).
 - K. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; §115.313(a) (10).
 - L. Any other factor that could impact the safety and security of the facility; §115.313(a) (11).
2. All deviations from the staffing plan will be documented and justifications for deviations supplied. §115.313(b).
 3. The administration of the Youth Development Center, in consultation with the PREA Coordinator, will review the following on an annual basis, or more frequently as otherwise required, to determine whether adjustments are necessary; §115.313(d).
 - A. The staffing plan established in the above policy section; §115.313(d) (1).
 - B. Prevailing staffing patterns; §115.313(d) (2).
 - C. The deployment of video monitoring systems and other monitoring technologies; §115.313(d) (3).
 - D. The resources available to ensure commitment to the staffing plan. §115.313(d) (4).
 4. 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 three times per shift and will be documented on the "Supervisor Shift Log" 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. §115.313(e)

During the pre-audit, the facility reported a camera system upgrade was done in 2014 with the replacement of digital video recorders. During the interview with the Director and PREA Compliance Manager, the Auditor was told YDC utilizes the camera system for education as a staff member is not assigned to watch the monitors. YDC will only assign staff to monitor the camera in situations where a resident may have a history of "running" from the facility, during the restraint of a child, and to watch new staff on duty. The camera system is used primarily to educate staff after incidents have happened to view what actions were taken or not taken by staff prior to the incident and how the resident/child may have contributed to the incident, and what corrective action and/or training would be necessary to prevent this incident from occurring again.

During the pre-audit, the facility reports there have not been any deviations from the staffing plan within the past 12 months. The facility reported that the staffing plan is predicated on a daily average of 30 residents, and they are averaging 24 residents with a staffing ratio falling between 4-5 residents to 1 staff. On the date of the on-site audit, there were 31 residents were housed at YDC. The PREA Compliance Manager stated that when assessing staff levels, management takes into account the number of children, the type of children current being housed, the child's behavior and history, the risk of the child running away from the facility; and what will it take to make the child safe and secure. The Director stated that supervisors will change shift staffing in order to provide increased staffing when a child may need one-on-one" staff, when a child is placed on a security watch, and when a child may be placed on watch to prevent self-harm.

During the pre-audit, the Auditor was provided a copy of the YDC Unannounced Rounds Tracking form to be completed showing the name, position of the person, date and shift. During the onsite audit, the Auditor viewed the completed unannounced tracking form, which is kept in the administrative area where only supervisors have access to, and verified that intermediate and upper-level unannounced rounds are being conducted regularly on all three shifts.

Standard 115.315 Limits to cross-gender viewing and searches.

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

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

115.315 YDC Policy No. 3.12, page 2, Prevention Planning: Searches states:

1. 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. §115.315(a). Cross-gender pat down searches are also not permitted. §115.315(b).
2. Only staff of the same gender is permitted in the bathroom area while residents use the bathroom, shower, or change clothing. §115.315(d).
3. 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. §115.315(d).
4. 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. §115.315(e)
5. 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. §115.315(f).

YDC Policy 4.16 Resident Searches

B. Required Findings and Authorizations states that strip searches shall be conducted on residents only under the following circumstances: (1) during initial intake into facility; and (2) if there is any indication of resident is hiding contraband (subject to supervisory approval. Pat-Down Searches shall be conducted on residents only under the following circumstances: (1) during the initial intake into the facility (before signed into custody of YDC); (2) if there is any indication of resident is hiding contraband (subject to supervisory approval); and (3) whenever a resident returns from outside the facility.

YDC Policy 4.16 Resident Searches

E. Training states all YDC personnel must be familiar with the written policies and procedures governing strip searches so they will be able to follow them. Training will include not only a review of the contents of the policies but also training on the specific skill involved.

During the on-site audit, the Auditor viewed sample documentation of strip searches which confirmed that strip searches are being documented and are being performed by staff of the same gender during the initial intake. Documentation of strip searches are noted in the shift log which are kept on the residential unit, with each wing having their own shift log, and supervisors also document strip searches in a separate log.

Interviews with random staff and random residents confirmed that residents are only searched by staff members of the same gender and residents stated they have never been viewed by staff of the opposite gender while in a state of undress.

During the audit, the Auditor viewed sample training logs showing signatures by staff verifying they received annual training on the proper procedures for conducting strip searches.

Standard 115.316 Residents with disabilities and inmates who are limited English proficient.

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

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

115.316 YDC Policy No. 3.12, page 2-3, Prevention Planning: Residents with Disabilities and Residents Who Are Limited English Proficient states:

1. 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. §115.316(a).
2. The Youth Development Center will ensure that residents who are limited English proficient are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. The facility will meet this requirement by providing translated copies of the Youth Development Center’s orientation manual which addresses the PREA policy. These items are available to the Bi-lingual staff can also be provided to assist residents when available. §115.316(b).
3. 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. §115.316(c)

As of the date of the audit, the facility reported that in the past 12 months there have been no instances where resident interpreters, readers, or other types of resident assistants have been used; and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under § 115.364, or the investigation of the resident’s allegations.

Interviews with random staff and random residents confirmed that resident readers or resident assistance is not used to explain PREA policy and procedures to other residents. Staff stated that they will utilize bilingual staff when the situation arises with residents who are Limited English proficient. The agency does not have a contract with interpreters or other professionals and will contact the County of York to provide the necessary interpreter should this situation arise to ensure effect communication with residents are Limited English proficient.

Standard 115.317 Hiring and promotion decisions.

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

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

115.317 YDC Policy No. 3.12, page 3-4, Prevention Planning: Hiring and Promotion Decisions states:

1. 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; §115.317(a) (1).
 - b. 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; §115.317(a)(2).
 - c. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses. §115.317(a) (3).
2. 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. §115.317(b).
3. Any new hire at the Youth Development Center will be subjected to the following background checks and inquiries:
 - a. A criminal background check through the PA State Police as required by the Department of Public Welfare §3800 regulations and Pennsylvania's Child Protective Service Law; §115.317(c) (1).
 - b. A PA CY-113 Child Abuse Clearance that lists any substantiated allegations of child abuse; §115.317(c) (2).
 - 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; §115.317(c)(3).
 - d. Any potential new hire will be questioned during the interview process about any past conduct of the type described in this section of the policy. All employees of the Youth Development Center have a continuing affirmative duty to disclose any such misconduct. §115.317(f).
 - e. 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. §115.317(d).
 - f. 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. §115.317(e).
 - g. 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" (1) of this policy. §115.317(a) (f).
 - h. 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 twenty-four (24) hours of any such contact her 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 provisions of materially false information may lead to termination. §115.317(g).
 - i. 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. §115.317(h).

During the pre-audit, the Auditor was provided a copy and reviewed the Agreement Between the Teamsters Local 776 and the County of York.

During the on-site audit, the Auditor verified that all YDC employees who have contact with residents have had criminal background record checks and reviewed a sample of employee background checks.

During the on-site audit, the Auditor spoke with the Executive Director of the York County Human Resources who confirmed that three different criminal background checks are required by Pennsylvania state law for both staff and contractors who have contact with residents; that the agency considers prior incidents of sexual harassment in determining whether to hire or promote anyone and when enlisting the services of any contractor; and the facility consults the Pennsylvania child abuse registry before hiring any new employee or contractor. The Executive Director further stated that current employees are required to report any new criminal actions that might affect their work or job responsibilities, and criminal background checks are conducted every five years for current employees and contractors. Both the Executive Director and YDC Assistant Director confirmed that staff and contractor employees are asked about misconduct in written applications and questions are also asked during background checks.

Standard 115.318 Upgrades to facilities and technologies.

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

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

115.318 YDC Policy No. 3.12, page 4, Prevention Planning: Technology and Facility Upgrades states:

The Youth Development Center makes use of Bosch Camera System. This system places 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 consideration of the impact of such design, acquisition, expansion, or modification on the facility’s ability to protect residents from sexual abuse. §115.318

During the pre-audit, the facility reported it has not acquired a new facility or made a substantial expansion or modification to the existing facilities since August 20, 2012.

During the audit, the Auditor checked the video monitoring system that was updated in 2014 with replacement of digital video recorders.

Standard 115.321 Evidence protocol and forensic medical examinations.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

115.321 YDC Policy No. 3.12, page 4, Responsive Planning: Evidence Protocol and Forensic Medical Examination; Policies to Ensure Referrals of Allegations for Investigations states:

- 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. §115.321(a), (f); §115.322
- b. Any resident that is a victim of sexual abuse will be transported to the York Hospital for a full medical examination. The examination will be performed by a Sexual Assault Forensic Examiner ("SAFE") or a Sexual Assault Nurse Examiner ("SANE") as directed by the treating physician. This examination will be provided without cost to the resident. §115.321(c).
- c. Any resident that is a victim of sexual abuse will be provided a victim advocate and advocacy services through the YWCA of York County. 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. §115.321(d), (e).

During the pre-audit, the Auditor was provided a copy of the signed agreement between YDC and WellSpan Health York Hospital, dated June 13, 2016, stating that forensic examinations will be performed by a trained SAFE or SANE nurse examiner.

During the pre-audit, the Auditor was provided with a copy of the Memorandum of Agreement between the York County District Attorney's Office (YCDA) and YDC stating that YCDA agrees to follow a uniform evidence protocol developmentally appropriate for youth when conducting investigations. The Auditor spoke with a Detective from YCDA who confirmed they are responsible for conducting investigations of any allegation of sexual assault at YDC and the investigators have received the above-mentioned training.

The YDC website located at <https://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html> states that criminal allegations are referred via agreement to the York County District Attorney's Office for investigation.

During the pre-audit, the Auditor was provided an email from the Victim Assistance Center YWCA verifying they are available to provide response and education regarding sexual assault, their services are confidential; they will accept anonymous referrals, and their services are available 24/7.

During the audit, the Auditor verified through interview with random staff and random residents that the police investigate allegations of sexual assault, residents will be taken to York Hospital, and victim assistance is available.

The Auditor spoke on the telephone with a SANE/SAFE Nurse from Wellspan York Hospital who stated she is a member of a team of emergency room Nurses who conduct forensic medical examinations and are available on-call 24/7. The Nurse further stated that all the SANE/SAFE Nurses on the team are RNs and have received adult, adolescent and pediatric training.

As of the date of the audit, the facility reported in the past 12 months there have been no forensic medical exams conducted; there have been no exams performed by SANEs/SAFEs; and no exams have been performed by a qualified medical practitioner.

Standard 115.322 Policies to ensure referrals of allegations for investigations.

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

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

115.322 YDC Policy No. 3.12, page 4, Responsive Planning: Evidence Protocol and Forensic Medical Examination; Policies to Ensure Referrals of Allegations for Investigations states:

- 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. §115.321(a), (f); §115.322

YDC Policy No. 3.12, page 11, Official Response Following a Resident Report, 3(a). Youth Counselor First Responder Duties states:

The supervisor on duty will notify the appropriate law enforcement agency and follow all directives and recommendation of that agency. §115.322.

During the pre-audit, the Auditor was provided with a copy of the Memorandum of Agreement between the York County District Attorney’s Office (YCDA) and YDC stating that YCDA agrees to follow a uniform evidence protocol developmentally appropriate for youth when conducting investigations. The Auditor spoke with a Detective from YCDA who confirmed they are responsible for conducting investigations of any allegation of sexual assault at YDC and the investigators have received the above-mentioned training.

The YDC website located at <https://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html> states that criminal allegations are referred via agreement to the York County District Attorney’s Office for investigation.

The facility reported in the past 12 months receiving no allegations of sexual abuse and sexual harassment, no allegations resulting in an administrative investigation and no allegations were referred for criminal investigations.

Standard 115.331 Employee training.

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

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

115.331 YDC Policy No. 3.12, page 4-5, Training and Education: 1. Employee Training states:

- a. 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. §115.331(a), (b), (c), (d).
- b. The facility will train all employees on all of the following:
 - The Youth Development Center zero tolerance policy for sexual abuse and sexual harassment. §115.331(a)(1).
 - The employees’ individual rights and responsibilities under this policy; §115.331(a)(2).
 - The residents’ rights to be free from sexual abuse and harassment; §115.331(a)(3).
 - The residents’ and employees’ rights to be free from retaliation for reporting incidents of sexual abuse and harassment; §115.331(a)(4).
 - The dynamics of sexual abuse and sexual harassment in juvenile facilities; §115.331(a)(5).
 - The common reactions of juvenile victims of sexual abuse and harassment; §115.331(a)(6).
 - How to detect and respond to signs of threatened and actual sexual abuse; §115.331(a)(7).
 - How to avoid inappropriate relationships with residents’ §115.331(a)(8).
 - How to communicate effectively with residents, including residents who are lesbian, gay, bisexual, transgender, intersex (“LGBTI”), or gender non-conforming; §115.331(a)(9).
 - The Pennsylvania Child Protective Service Law and the employees’ responsibilities as mandated reporters. §115.331(a)(10).
- c. Staff will be required to complete the following training/activities. Successful completion of these trainings must be documented through employee signatures. §115.331.
 - Complete and pass the National Institute of Corrections online PREA course and certification.
 - Review the Pennsylvania Child Protective Services Law Mandated Reporter guidelines and the Bureau of Human Services Regulatory Compliance Guide.

During the pre-audit, the Auditor was advised all staff, who may have contact with inmates, are trained or retrained on the PREA requirements enumerated above.

During the on-site audit, the Auditor reviewed training curriculum verifying the training meets the subsections of this standard. Random staff interviews indicate they have received all the required PREA training enumerated above.

Standard 115.332 Volunteer and contractor training.

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not

meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.332 YDC Policy No. 3.12, page 5, Training and Education: 2. Volunteer and Contractor Training states:

- a. 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. §115.332(a), (b). 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, understands, and have no questions regarding the PREA information provided to them. §115.332(c).

During the pre-audit, the Auditor was provided and reviewed a copy of the pamphlet entitled, "Zero Tolerance of Sexual Abuse and/or Harassment for Contractors and Volunteers" and a copy of the form Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment for volunteers and contractors to sign stating they have received and understand the above-stated PREA pamphlet. At the conclusion of the training, all contractors and volunteers are required to sign the PREA Training and Understanding Verification Form.

During the on-site audit, the Auditor reviewed a sample of the above-mentioned completed forms mentioned above signed by volunteers who have completed the training required under this standard. Interview with a volunteer indicates he was provided with a copy of the PREA pamphlet entitled "Zero Tolerance of Sexual Abuse and/or Harassment for Contractors and Volunteers" which includes the agency's zero tolerance policy as well as to whom they would forward any sexual abuse reports and signed the Confirmation of Receipt – Zero Tolerance for Sexual Abuse and Harassment Pamphlet form.

In the past 12 months, the facility reported that all volunteers and individual contractors have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Standard 115.333 Resident education.

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

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

115.333 YDC Policy No. 3.12, page 5-6, Training and Education: 3. 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 will also be included on prevention/ intervention, self-protection, reporting, medical treatment and mental health counseling. During orientation, this information will be communicated verbally and in writing in a language clearly understood by the resident. 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. §115.333(a), (c), (e).

- 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. §1115.333(a), (c), (e).
- c. 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 PREA". Completed participation forms will be given to the front office for inclusion in each resident's legal file. §115.333(b), (e).
- d. 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.
- e. 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. §115.333(d), (f).

During the pre-audit, the Auditor was provided and reviewed the following documents:

- (1) A copy of the Intake PREA Orientation acknowledging staff has reviewed and provided residents the opportunity to ask questions about sexual assault and sexual harassment. There is a place for both staff and resident to initial their acknowledgment of the information.
- (2) A copy of the Case Manager PREA Review acknowledging staff has reviewed and provided residents the opportunity to ask questions about sexual assault and sexual harassment. There is a place for both staff and resident to initial their acknowledgment of the information.
- (3) A copy of the pamphlet entitled "What You Should Know About Sexual Abuse".
- (4) A copy of the Monthly PREA Refresher Training for Residents and Answer Sheet.

During the on-site audit, the Auditor viewed posters in both English and Spanish providing residents with information on sexual abuse and sexual harassment, and how to report. During the on-site audit, the Auditor reviewed a sample of resident files and verified the signature of both the resident and staff for the above-listed forms completed during intake, and the signature of resident and parents as required by YDC policy.

Interviews with random residents indicate they have been provided information on the agency's zero tolerance; have seen the posters posted in the facility; know how to make a report; and have been provided a copy of the above-referenced pamphlet. Interviews with the staff conducting intake and with Case Managers indicated that 10 days after the resident has arrived, a YDC Case Manager will meet privately with the resident and they review and sign these same documents again.

The Auditor was also provided and reviewed a sample of the Monthly PREA Refresher Training for Residents and Answer Sheet.

Standard 115.334 Specialized training: Investigations.

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- NA

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

115.334 YDC Policy No. 3.12, page 6, Training and Education: Investigations states:

(a) YDC does not conduct any internal investigations of allegations of sexual abuse. All allegations are forwarded to law enforcement. §1115.334

During the pre-audit, the Auditor was provided with a copy of the Memorandum of Agreement between the York County District Attorney’s Office (YCDA) and YDC stating that YCDA agrees to follow a uniform evidence protocol developmentally appropriate for youth when conducting investigations.

The Auditor confirmed during interviews with random staff and supervisor staff that YDC staff do not conduct internal investigations of allegations of sexual abuse.

Standard 115.335 Specialized training: Medical and mental health care.

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

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

115.335 YDC Policy No. 3.12, page 6, Training and Education: Medical Staff Training states:

- a. PrimeCare Medical, Inc. is the contracted medical service provider for the Youth Development Center. PrimeCare 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. §115.335. 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; §115.335(a) (1).
 - How to preserve physical evidence of sexual abuse; §115.355 (a) (2).
 - How to respond effectively to juvenile victims of sexual abuse and sexual harassment; §115.335 (a) (3).
 - How and to whom to report allegations of sexual abuse and harassment. §115.335 (a) (4).

During the pre-audit, the Auditor was provided with a copy of the Certificate of Completion showing the YDC medical staff has completed a three-hour online course “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” presented by the National Institute of Corrections.

During the on-site audit, the Auditor reviewed a copy of the training roster and verified that all medical practitioners have received the training as required by the above-stated policy.

During the on-site audit, the YDC Director stated YDC is licensed as a community residential shelter; and, as a result of this license, the State of Pennsylvania restricts what types of programs YDC can offer. The Director stated that the community residential shelter license will not allow him to hire a psychiatrist or psychologist. The Director stated YDC does allow residents to see their own family doctor and mental health provider as needed, allows mental health providers to come to YDC and privately meet with the resident, and YDC will find and provide any therapist as needed (i.e., a therapist specializing in eating disorders).

Interviews with random residents indicate they have been provided information on the agency's zero tolerance; have seen the posters posted in the facility; they know how to make a report; and have been provided a copy of the above-referenced pamphlet.

Standard 115.341 Screening for risk of victimization and abusiveness.

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

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

115.341 YDC Policy No. 3.12, page 6-7, Screening for Risk of Sexual Victimization and Abusiveness, 1. Obtaining Information from Residents states:

- a. 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. §115.341(a).
- 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. §115.341(b), (d), (e).
- c. The following criteria will be considered when assessing each resident with the Vulnerability Assessment:
 - The resident's prior history of placement.
 - Prior victimization or abusiveness §115.341(c)(1).
 - Whether the resident is LGBTQI; §115.341(c)(2).
 - Current charges and offense history; §115.341(c)(3).
 - The age of the resident; §115.341(c)(4).
 - The resident's level of emotional and cognitive development; 115.341(c)(5).
 - The physical build of the resident; §115.341(c)(6).
 - Whether the resident has a mental illness or a mental, physical or developmental disability; §115.341 (c)(7), (8), (9).
 - The resident's own perception of vulnerability; §115.341(c)(10).

- Any other information about the individual resident that may indicate a heightened need for supervision, additional safety precautions, or separation from certain residents. §115.341(c)(11).
- d. 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).
- e. 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.

115.341(a) screening is completed within 24 hours of admission pursuant to Pennsylvania Department of Welfare code.

115.341(c) and (d) YDC Policy No. 3.12, page 7, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

(d) A transgender or intersex residents will have a "Health and Safety Plan" developed upon admission to the Youth Development Center. Unit assignments for a transgender or intersex resident must be considered on a case by case basis that ensures the health and safety of the resident. Residents will not be placed in units solely on sexual orientation or status. §115.341(c) (d).

115.341(e) and (f) YDC Policy No. 3.12, page 7, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

(e) 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 resident's own personal evaluation of his or her safety will be considered during the review.

115.341(b), (h) and (i) YDC Policy No. 3.12, page 8, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

(g) YDC does not utilize protective custody or segregated housing.

During the pre-audit, the Auditor was provided with a copy of the Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior for review. During the on-site audit, the Auditor reviewed three random samples of completed Vulnerability Assessment Instrument.

Interviews with medical staff and supervisors confirmed that all residents have been screened for risk of victimization and abusiveness as soon as possible and usually within the 24-hour period as required by state law. Staff interviews indicated that responses noted on the risk screening assessment are asked based on responses received from the child based on age-appropriateness and cognitive ability; information provided on the referral sheet from the placement agency that includes demographics, age, prior and current criminal charges, losses suffered by the child (i.e., house burned, eviction, death in family, etc.), psychology evaluations; prior sexual abuse and if the abuse has been reported; and any other factor that will make the child comfortable. Staff reported that transgender and intersex residents' views of their safety are given serious consideration in placement and programming assignments; and resident risk reassessments are done on an as-needed basis based on the resident's behavior and interactions with staff and other residents.

Interviews with the PREA Compliance Manager stated confirmed that the information from the risk assessment form is limited to only the Director, Assistant Director, Supervisors, and Nurse.

Standard 115.342 Use of screening information.

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

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

115.342 YDC Policy No. 3.12, page 7-8, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

- a. 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. §115.342(a), (c).
- b. 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. §115.342(d).
- 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.

During the on-site audit, the Auditor reviewed three random completed screening forms to verify that the facility uses information from the risk screening to inform housing, bed, work, education and program assignments.

Staff interviews indicated that information from the risk assessment is used to determine where to place the child within YDC based on current population and is also used to create a Safety Plan if the child is vulnerable.

Interviews with the PREA Compliance Manager, the PREA Coordinator and Supervisors confirmed risk screening is being completed pursuant to the facility’s policy.

YDC reported they do not utilize isolation or protected custody, and this was confirmed through all staff and resident interviews.

Standard 115.351 Resident reporting.

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

115.351 YDC Policy No. 3.12, page 8, Reporting, Resident Reporting 1 states:

- a. 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. §115.351 (a).
- b. Residents are further instructed that incidents 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. §115.351(b).
 - 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. §115.351 (b).
 - PREA Reporting Boxes: Residents can also place reports of sexual abuse and harassment in the PREA Reporting boxes located on resident units. The supervisor on duty will check these boxes daily. §115.351(b).
- c. 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. §115.351(d), (c).
- d. 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. §115.351(e).

During the pre-audit, the Auditor was provided a copy of an E-mail from the Victim Assistance, YWCA has agreed to receive reports from YDC residents and will immediately forward resident reports to YDC.

During the on-site audit, the Auditor viewed the PREA Reporting Boxes located in the residential wings, in the medical unit, and in the main lobby. The Auditor also observed telephone numbers for the YWCA of York and ChildLine (Pennsylvania state-wide reporting agency) were posted and located by each telephone. PREA posters were found posted in all three residential wings and in medical office informing residents on how they can report sexual abuse and sexual harassment.

During the on-site audit, the Auditor reviewed the Incident Report form where staff can document receiving verbal reports from residents. Staff document Incident Reports in the resident wing logs and the Supervisor will document receipt of the Incident Report in the Supervisor's log. The Incident Report is signed by both the staff member and supervisor.

Through random staff and random resident interviews it was determined that residents and staff can make private reports to any YDC staff member and make anonymous calls to the YWCA. The Auditor also verified through interview with supervisory staff that they check the PREA box daily. The PREA Compliance Manager verified that residents and family members can report to the agencies listed in the policy above, and that the agencies listed above are also mandated reporters under Pennsylvania law.

At the time of the Audit, no verbal reports had been made to staff.

The YDC website located at <https://yorkcountypa.gov/health-human-services/youth-development-center/prea-ycd.html> provides information on how to report sexual abuse and sexual harassment.

YDC reports they do not accept residents detained solely for civil immigration purposes.

Standard 115.352 Exhaustion of administrative remedies.

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

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

115.352 YDC Policy No. 3.12, page 8-9, Reporting, 2. Resident Grievances and Administrative Remedies states:

- a. Information related to grievance procedures and administrative remedies is contained in the "Youth Development Center's" Child Rights, Grievances Procedures, and Consent to Treat Forms that are provided to both residents and parents/guardians as a part of the initial intake paperwork.
- b. 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. §115.332(b).
- c. Any grievance involving sexual abuse will not be received by or referred to the staff member involved or mentioned in the resident's grievance. §115.352 (c).
- d. 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. §115.352(d).
- e. 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. §115.352(e) (1), (2), (3).
- f. 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. §115.352(e) (4).
- g. 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. §115.352(f); §115.362.

- h. No disciplinary action will be taken against any resident for any grievance filed regardless of the resident's intent in filing the grievance. §115.352(g).

During the pre-audit, the Auditor was provided with a copy of the YDC Child Rights, Grievances Procedures, and Consent to Treat Forms that are provided to both residents and parents/guardians as a part of the initial intake paperwork for review. YDC's "Child Rights" form state a child may not be abused, mistreated, threatened, harassed or subject to corporal punishment, and has a place for the resident, the resident's parent/guardian, and intake counselor to date and sign their acknowledgement of these rights.

The Auditor was able to determine through interviews with random residents that residents are aware of the grievance process. The Auditor also verified through interview with supervisory staff that they check the PREA box daily.

As of the date of the audit, no grievances alleging sexual abuse had been filed with YDC staff, and YDC staff had not received any emergency grievances alleging substantial risk of imminent sexual abuse within the past 12 months. YDC reports that no resident has been disciplined for filing a grievance in bad faith within the past 12 months.

Standard 115.353 Resident access to outside confidential support services.

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

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

115.353 YDC Policy No. 3.12, page 9, Reporting, 3. Resident Access to Support Services and Legal Representation states:

- a. 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:
 - YWCA of York
 - PrimeCare Medical
- b. 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. §115.351 (a), (b).
- c. 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. §115.353(a),(b),(c).

- d. 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. §115.353(d).

The Auditor was provided with a copy of the pamphlet entitled, "What You Should Know About Sexual Abuse" which provides the contact information for the 24-hour assistance through Victim Assistance Center at the YWCA of York ("YWCA"). The Auditor was also provided with a copy of an E-mail, dated July 6, 2016, from the YWCA Victim Assistance Center confirming they will provide these services to YDC.

During the on-site audit, the Auditor observed the posters letting residents know they can call the YWCA listing the phone numbers to the YWCA, and the telephone number of YWCA located by each telephone.

The Auditor was able to determine through interviews with random residents that residents are aware of how to access support services in cases of sexual abuse.

Standard 115.354 Third-party reporting.

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

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

115.354 YDC Policy No. 3.12, page 9-10, Reporting, 4. 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:

- a. York County District Attorney's Office
- b. Springettsbury Police Department
- c. PrimeCare Medical
- d. YWCA of York
- e. PREA box located in the facility's Main Lobby

During the on-site audit, the Auditor observed the PREA box located in the facility's Main Lobby and posters throughout the facility with information on how to report resident sexual abuse or sexual harassment on behalf of resident. The YDC website located at <https://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html> provides information on multiple ways for reporting sexual abuse and sexual harassment.

During the on-site audit, the Auditor was able to determine through interviews with random residents and random staff that both residents and staff are aware of the procedures for third-party reporting.

Standard 115.361 Staff and agency reporting duties.

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

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

115.361 YDC Policy No. 3.12, page 10, Official Response Following a Resident Report, 1. Staff and Agency Reporting Duties states:

- a. 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. §115.361(a).
- b. All incidents fall under the mandated abuse reporting requirements outlined in the Pennsylvania Child Protective Services Law. §115.361(b).
- c. 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. §115.361(e).
- d. 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. §115.361(c).
- e. 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. §115.361(d).

115.361 YDC Policy No. 2.03, Mandatory Reporting under PA Code: 3800.15, 3800.58, title 23 PA C.S.A. Ch. 63 states:

PURPOSE: Center staff members are responsible for assuring the safety of children by monitoring their physical wellbeing, providing appropriate care and reporting any and all suspected abuse.

POLICY: The Facility and its employees shall report all suspected or alleged child abuse for

- Suspected abuse that occurred outside the facility
- 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.

DEFINITIONS:

A. The term "child abuse" shall mean any of the following:

- a. Any recent act or failure to act by a perpetrator that causes nonaccidental serious physical injury to a child under 18 years of age.
- b. Any act or failure to act by a perpetrator that causes nonaccidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age.

- c. Any recent act, failure to act or series of such acts of failures to act by a perpetrator that creates imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- d. Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.
- B. "Serious mental injury" is a psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment that:
 - a. Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened; or
 - b. Seriously interferes with a child's ability to accomplish ageappropriate developmental and social tasks.
- C. "Serious physical injury" is any injury that:
 - a. Causes a child severe pain; or
 - b. Significantly impairs a child's physical functioning, either temporarily or permanently.
- D. "Sexual abuse or exploitation" is the employment, use, persuasion, inducement, enticement or coercion of any child to engage in or assist any other person to engage in any sexually explicit conduct or any situation of any sexually explicit conduct for the purpose of producing any visual depiction, including photographing, videotaping, computer depicting or filming, of any sexually explicit conduct or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.
- E. "Serious bodily injury" is any bodily injury, which creates a substantial risk of death or which causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.
- F. "Injury resulting from a restraint" is any injury to a child resulting from a physical restraint.

PROCEDURES: The following procedures are to be followed when reporting suspected or alleged child abuse.

- Allegations of abuse should be documented by the staff and given to a Supervisor or, a Supervisor can document what the child reports.
- The Supervisor immediately submits the information to the Assistant Director who in turn reports the information to the Director.
- The Assistant Director shall address any child focused follow up regarding allegations of abuse. The shift supervisor shall address any staff follow up as a result of these allegations.
- The Director shall report any abuse allegations to the Executive Director of Human Services.
- If the alleged abuse occurred within the facility an internal investigation is conducted to obtain facts to be submitted to ChildLine and the placing agency. A Reportable Incident Form shall be completed before the completion of the shift. Refer to Policy 2.04 (Incident Reporting). The Supervisor shall develop a Safety Plan to ensure the safety of the child, which may involve removing the alleged perpetrator from direct contact with the child victim. The Director or Assistant Director shall approve any plan that involves the removal of a staff alleged to be the perpetrator from the facility.
- If the alleged abuse occurred outside the facility, (parents, siblings, other caretaker) management shall immediately contact the placing agency to report the incident.
- If the child has visible marks/bruises consistent with those obtained during a physical incident, the highest ranking manager on duty shall notify ChildLine (18009320313), complete a CY47 and notify the placing agency.
- All forms shall be completed and placed into the Assistant Director's mailbox before staff are relieved from the shift.

NOTE TO MANDATED PERSONS: Any persons who, in the course of their employment, occupation, or practice of their profession come in contact with children shall report or cause a report to be made to ChildLine when they have reasonable cause to suspect, on the basis of their medical, professional, or other training and experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Within 48 hours after making the oral report, send a copy of the CY47 to the county children and youth agency.

QUALITY ASSURANCE: All new YCYDC employees shall review this policy as part of orientation. All staff shall review this policy annually.

Through interviews with a random staff it was determined that all staff have a duty to immediately report any knowledge, suspicion, or information related to sexual abuse or sexual harassment. Staff are also required to report any retaliation towards any inmate or staff for reporting and any staff neglect that may have contributed to an incident or retaliation.

Interview with the Nurse indicated that she discloses the limitations of confidentiality and her duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse. The Nurse also indicated that almost all residents have a reported a prior history of sexual abuse when they enter YDC that has already been previously reported.

During the on-site audit, the PREA Compliance Manager indicated that pursuant to Pennsylvania laws, YDC will immediately contact Childline, who will take the report and notify the appropriate law enforcement agency right away. During intake, YDC staff will also find out from the placement agency who has custody rights, medical rights, and education rights for the resident, because a Judge will have already made a determination who has these rights and the placement agency may only have retained a one or two of these rights. YDC will immediately only notify the agency or person who has retained custody rights. If custody rights have been retained by the placement agency, and YDC will only notify the agency; and YDC will only notify the legal representative if custody rights have been retained by juvenile court.

Standard 115.362 Agency protection duties.

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

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

115.362 YDC Policy No. 3.12, page 9, Reporting, 2. Resident Grievances and Administrative Remedies (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.

115.362 YDC Policy No. 3.12, page 10, Official Response Following a Resident Report, 3. Youth Counselor First Responder Duties states:

- a. 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.
- 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.

As of the date of the audit, the facility reported that no resident has been determined to have been subject to substantial risk of imminent sexual abuse within the past 12 months.

Standard 115.363 Reporting to other confinement facilities.

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

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

115.363 YDC Policy No. 3.12, page 10, Official Response Following a Resident Report, 2. Reporting to Other Facilities states:

- a. 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 and 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. §115.363(a), (b), (c).
- b. 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. §115.363(d).

During the on-site audit, the Auditor verified that staff will complete an Incident Report as soon as possible and within 24 hours documenting the notification to another facility.

The Auditor was provided with a copy of the Sexual Abuse Incident Review and Alleged Abuse & Sexual Assault Checklist to be completed upon receipt of an alleged sexual abuse incident and outline the procedures YDC supervisory staff will take.

As of the date of the audit, the facility reported that they have received no allegation that a resident was abused while confined at another facility and has not received any allegation of sexual abuse from other facilities within the past 12 months.

Standard 115.364 Staff first responder duties.

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

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

115.364 YDC Policy No. 3.12, page 10-11, Official Response Following a Resident Report, 3. Youth Counselor First Responder Duties states:

- a. 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. §115.364(a)(1).
 - Notifying medical staff for instructions regarding examination of the resident; §115.364(a)
 - Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; §115.634(a)(2).
 - 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; §115.364(a)(3).
 - 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; §115.364(a)(4).
 - 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. §115.322.
 - Childline will be contacted and the procedures outlined in [YDC Policy] 2.03 will be followed.
 - 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. §115.364(b).

The Auditor was provided with a copy of the Sexual Abuse Incident Review and the Alleged Abuse & Sexual Assault Checklist to be completed upon receipt of an alleged sexual abuse incident. Both forms document the sexual abuse incident, and provide a checklist for supervisory staff to follow. The sexual abuse incident is logged utilizing the Incident Report.

Through interviews with a random sample of staff it was determined that all staff are aware of their responsibilities as a first responder upon first learning of any allegation of sexual abuse.

As of the date of the audit, the facility reported that they have received no allegation that a resident had been sexually abused in the past 12 months.

Standard 115.365 Coordinated response.

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

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

115.365 YDC Policy No. 3.12, page 11, Official Response Following a Resident Report, 4. Coordinated Response states:

- a. The Director, in consultation with the appropriate law enforcement agency, will notify the following individuals/entities of the report: §115.365.
 - 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.

The Auditor was provided with a copy of the Sexual Abuse Incident Review and the Alleged Abuse & Sexual Assault Checklist to be completed upon receipt of an alleged sexual abuse incident. Both forms document the sexual abuse incident, and provide a checklist for supervisory staff to follow. The sexual abuse incident is logged utilizing the Incident Report.

During the on-site audit, the Director confirmed that he is aware of his duties as set forth in this standard.

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

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

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

115.366 YDC Policy No. 3.12, page 11, Official Response Following a Resident Report, 5. 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. §115.366.

The Auditor was provided with a copy of the Agreement Between York County Youth Development Center and Teamsters Local 776 Harrisburg, PA effective from January 1, 2015 through December 31, 2018.

A review of the collective bargaining agreement reveals it does not contain language that limit the ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

During the on-site audit, the Executive Director of the York County Human Services and the YDC Director confirmed the facility operates with collective bargaining agreements; however, this agreement does not restrict the Agency from removing staff abuser from contact with inmates under these terms.

Standard 115.367 Agency protection against retaliation.

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

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

115.367 YDC Policy No. 3.12, page 11-12, Official Response Following a Resident Report, 6. Protection from Retaliation states:

- a. 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. §115.367(a), (b).
- b. Measure to protect staff and residents will include, but are not limited to, the following:
 - Initiating Unit transfers of both victims and alleged abusers; §115.367(b);
 - Removing staff from contact with the victim (in accordance with Pennsylvania Department of Public Welfare §3800 regulations); §115.367(b);
 - Providing emotional support services through the YWCA of York and the County Employee Assistance Program (“EAP”); §115.367(b);

- Monitoring for any changes by staff or residents that suggest possible retaliation. §115.367(b), (c).
- The Youth Development Center will conduct this monitoring for ninety (90) day period following a report of sexual abuse or harassment. Monitoring will be conducted by review of disciplinary reports, unit changes, or negative performance. A resident's grade sheets and shift/notes comments will also be reviewed, and periodic status checks of the resident will be conducted. If indicators of retaliation are found, the monitoring period will be extended for an additional ninety (90) days. §115.367(c), (d).
- If at any time other individuals express a fear of retaliation by another resident or staff members, this "Protection from Retaliation" policy will apply to that individual as well. §115.367(e).

During the pre-audit, the facility responded that the YDC Management are the designated staff members who have been designated with monitoring for possible retaliation. The Auditor was provided with a list of names of the YDC Management team that includes all shift supervisors, the Assistant Director, and the Director.

As of the date of the audit, the facility reported there have been no incidents of retaliation during the past 12 months.

Standard 115.368 Post-allegation protective custody.

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

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

YDC Policy No. 3.12, page 7, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

- (g) The Youth Development Center does not utilize protective custody or segregated housing.

Through interview with the Director and during the on-site audit, the Auditor confirmed that YDC does not utilize protective custody or segregated housing.

Standard 115.371 Criminal and administrative agency investigations.

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.

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

115.371 YDC Policy No. 3.12, page 12, Investigation, 1. Criminal Investigations and Administrative Reviews 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 Youth Development will cooperate with the investigating law enforcement agency and will remain informed about the progress of the investigation. §115.371(a), (b), (m).
- 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. §115.371(f).
- The departure of an alleged abuser or victim from employment or custody is not basis for terminating the investigation or influencing the outcome. §115.371(k).
- 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. §115.371(g), (j).

During the pre-audit, the facility reported they do not conduct its own administrative or criminal investigations. Investigations are conducted and completed by the Detectives from the York County District Attorney's Office. During the on-site audit, the Director and Assistant Director confirmed they will review the Incident Report and the Alleged Abuse & Sexual Assault Checklist to document their review.

As of the date of the audit, the facility reported there have been no sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012.

Standard 115.372 Evidentiary standard for administrative investigations.

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

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

115.372 YDC Policy No. 3.12, page 12, Investigation, 2. 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. §115.372.

During the on-site audit, this was confirmed by Auditor with the YDC Director and the Detective from the York County District Attorney's office.

Standard 115.373 Reporting to residents.

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

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

115.373 YDC Policy No. 3.12, page 12-13, Investigation, 3. Reporting to Residents states:

- a. 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. §115.373(a), (b).
- b. 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; §115.373(c)(1).
 - The staff member is no longer employed at the facility; §115.373(c)(2).
 - The staff member is indicated on a charge of or related to sexual abuse; §115.373(c)(3).
 - The staff member is convicted on a charge of or related to sexual abuse. §115.373(c)(4).
- c. 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. §115.373(d)(1).
 - The alleged abuser is adjudicated on a charge related to sexual abuse. §115.373(d)(2).
- d. Any notification to a victim, parent, and guardian will be documented in writing and placed in the resident's legal file. §115.373(e).

The Auditor was provided with a copy of the YDC Alleged Abuse & Sexual Assault Checklist to be used to document any investigation and notification.

As of the date of the audit, the facility reported there has not been any substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against a resident in the past 12 months. The facility also reported that no notifications to residents were made pursuant to this standard in the past 12 months.

Standard 115.376 Disciplinary sanctions for staff.

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

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

115.376 YDC Policy No. 3.12, page 13, Discipline, 1. Disciplinary Sanctions for Staff states:

- a. 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. §115.376(a), (b), (c).
- b. 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 Public Welfare will be notified. §115.376(d).

During the interview with the Executive Director of York County Human Resources, the Auditor was told that employees can be terminated for sexual abuse.

As of the date of the audit, the facility reported in the past 12 months no staff from that facility have violated the facility’s sexual abuse and sexual harassment policies; no staff have been terminated or resigned prior to termination for violating the facility’s sexual abuse and sexual harassment policies; no staff have been disciplined, short of termination, for violating the facility’s sexual abuse and sexual harassment policies; and no staff from the facility have been reported to law enforcement or licensing boards following their termination or resignation for violating the facility’s sexual abuse and sexual harassment policies.

Standard 115.377 Corrective action for contractors and volunteers.

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

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

115.377 YDC Policy No. 3.12, page 13, Discipline, 2. 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. §115.377.

During the interview with the Executive Director of York County Human Resources, the Auditor was told that employees can be terminated for sexual abuse.

As of the date of the audit, the facility reported in the past 12 months no contractors and/or volunteers have been reported to law enforcement for engaging in sexual abuse of residents.

Standard 115.378 Disciplinary sanctions for residents.

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

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

115.378 YDC Policy No. 3.12, page 13-14, Discipline, 3. Resident Sanctions states:

- a. 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. §115.378(a) (b) (c).
 - Mandated counseling, therapy or other interventions as ordered by the juvenile court system. §115.378(d).
 - Criminal charges as filed by the York County District Attorney’s Office.
- b. 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. §115.378(e).
- c. 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. §115.378(f).
- d. Sexual contact between residents is strictly prohibited. §115.378(g).

YDC Policy No. 3.12, page 7, Screening for Risk of Sexual Victimization and Abusiveness, 2. Unit Assignment of Residents states:

- (g) The Youth Development Center does not utilize protective custody or segregated housing.

During the pre-audit, the Auditor was provided a copy of the pamphlet entitled, “What You Should Know About Sexual Abuse” provided to each resident. The pamphlet informs residents about YDC’s zero-tolerance and that they will be held responsible and accountable should they be responsible for sexually hurting another resident.

During the on-site audit, the Nurse confirmed that a therapist comes to YDC every week to speak with residents who needs or has requested counselling services; and there is no repercussion to the resident if they decide not to meet with the therapist on the day of their scheduled visit. The Nurse will continue to reschedule the therapist if the resident requests another visit.

As of the date of the audit, the facility reported in the past 12 months there have been no administrative findings of resident-on-resident sexual abuse; and there have been no criminal findings of guilt for resident-on-resident sexual abuse. The facility does not isolate any resident for any reason.

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

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

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

115.381 YDC Policy No. 3.12, page 14, Medical and Mental Health Care, 1. Medical and Mental Health Screenings; History of Sexual Abuse states:

- a. 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. §115.381(a).
- b. 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. §115.381(b).
- c. Any information related to sexual victimization or abusiveness that occurred in an institutional settings 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. §115.381(c).
- d. 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. §115.381(d).

115.382 YDC Policy No. 3.12, page 14, Medical and Mental Health Care, 2. Resident Access to Emergency Medical and Mental Health Services states:

- (b) All treatment services will be provided to the victim without cost to victim, parent, or guardian. §115.381(d).

During the pre-audit, the Auditor was provided with a copy of the PrimeCare Medical documents showing questions about prior sexual assault are asked by medical staff during the initial health and safety assessment, and samples of medical/mental health logs and secondary materials.

During the on-site audit, the Auditor confirmed that YDC offers a follow-up meeting with the Nurse or YWC staff for any resident who has indicated they were a victim of sexual assault. The Auditor also reviewed three random resident files to confirm the completed assessment by medical staff during intake.

Standard 115.382 Access to emergency medical and mental health services.

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

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

115.382 YDC Policy No. 3.12, page 14, Medical and Mental Health Care, 2. Resident Access to Emergency Medical and Mental Health Services states:

- a. 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. §115.382(a) (b) (c).
- b. All treatment services will be provided to the victim without cost to victim, parent, or guardian. §115.381(d).

During the pre-audit, the Auditor was provided with a copy of the PrimeCare Medical documents showing questions about prior sexual assault are asked by medical staff during the initial health and safety assessment, and samples of medical/mental health logs and secondary materials.

During the on-site audit, the Nurse confirmed that any resident who reports sexual abuse will immediately go straight to the emergency room at York Hospital where they will be examined and receive information about emergency contraception and sexually transmitted infection prophylaxis (this information is also available at the YDC medical office).

The Auditor also reviewed three random resident files to confirm the completed assessment by medical staff during intake.

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

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

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

115.383 YDC Policy No. 3.12, page 14, Medical and Mental Health Care, 3. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers states:

- a. 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. §115.383(a) (b) (c).
- b. 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. §115.383(d) (e).
- c. 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. §115.383(f).
- d. All treatment services are provided to the victim without cost to victim, parent, or guardian. §115.383(g).
- e. 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. §115.383(h).

Through interview with the Director, the Auditor was told that the facility cannot hire and have a psychiatrist or psychologist on staff due to being licensed as a community residential shelter by the State of Pennsylvania. The Nurse stated that residents sign up for sick call for mental health services, which are provided every Wednesday, and immediate mental health referrals are available. Mental health services are provided through PrimeCare Medical who then make a referral to a mental health care provider if the resident is already not receiving treatment from an outside provider. The Nurse stated that all medical and mental health services are consistent with community level of care.

Standard 115.386 Sexual abuse incident reviews.

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

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

115.386 YDC Policy No. 3.12, page 15, Data Collection and Review, 1. Sexual Abuse Incident Reviews states:

- a. 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. §115.386(a) (b).
- b. The incident will be reviewed by a team of Youth Development Center staff consisting of the following individuals: §115.386(c).
 - Facility Director
 - Assistant Director
 - Training Supervisor
 - PrimeCare Medical Staff
 - YWCA of York Staff member
 - Investigating Law Enforcement Agency Staff member (where applicable).
- c. 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. §115.386(d) (1).
 - 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; §115.386(d)(2).
 - Whether the physical plant may have contributed to the incident. §115.386(d) (3).
 - Whether staff levels or patterns might have impacted the situation; §115.386(d)(4)
 - Whether possible changes to technology, such as cameras, is required. §115.386(d) (5).
- d. At the conclusion of the review, the review team will prepare a report with the team's findings and recommendations. §115.386(d) (6).
- e. 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. §115.386(e).

During the pre-audit, the Auditor was provided with a copy of the YDC Sexual Abuse Incident Review form that is used by the review team.

During the on-site audit, the Auditor interviewed a staff member listed above as being a member of the incident review team who confirmed that the facility considers the factor listed in (c) above. The staff member also stated that the camera system is used to review the incident and for retraining purposes. The PREA Compliance Manager confirmed that the facility will prepare a report of its findings from the incident review team and forward them to him for review and to make the necessary changes to prevent the incident from happening in the future.

As of the date of the audit, the facility reported in the past 12 months no criminal and/or administrative investigations of alleged sexual abuse were completed at the facility.

Standard 115.387 Data collection.

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

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

115.387 YDC Policy No. 3.12, page 15, Data Collection and Review, 2. Data Collection states:

- a. The Youth Development Center will collect information related to the purposes outlined at the beginning of this policy in order to help 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. §115.387(a) (b) (c) (d).
- b. 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. §115.387(f).

During the pre-audit, the Auditor was provided with a copy of the YDC Survey of Sexual Violence Summary that will be used to collection information as required by this standard.

Through interview with the PREA Coordinator, the Auditor confirmed that the PREA Coordinator is responsible for collecting this information.

Standard 115.388 Data review for corrective action.

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

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

115.388 YDC Policy No. 3.12, page 15-16, Data Collection and Review, 3. Data Review for Corrective Action states:

- a. 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.
- b. 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; §115.388(a) (1).
 - Taking corrective action on an ongoing basis; §115.388(a) (2).
 - Preparing an annual report of its findings and corrective actions for the facility. §115.388(a) (3).
- c. 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. §115.388(b) (c) (d).

Through interview with the PREA Coordinator, the Auditor confirmed that the PREA Coordinator is responsible for collecting this information, and that the agency reviews the data in order to asses and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training on an on-going basis.

Standard 115.389 Data storage, publication, and destruction.

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

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

115.389 YDC Policy No. 3.12, page 15-16, Data Collection and Review,

4. Data Storage, Publication, and Destruction states 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 initial date of collection. §115.389(a) (b) (c) (d).

The facility reported to the Auditor that the annual PREA report will be added to their website with PREA information located at <https://yorkcountypa.gov/health-human-services/youth-development-center/prea-ydc.html>.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Sharon G. Robertson
Sharon G. Robertson

August 5, 2016
Date