

PREA Facility Audit Report: Final

Name of Facility: Lancaster County Youth Intervention Center

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/10/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Matthew A. Burns	Date of Signature: 11/10/2025

AUDITOR INFORMATION	
Auditor name:	Burns, Matthew
Email:	preaauditor2015@gmail.com
Start Date of On-Site Audit:	10/05/2025
End Date of On-Site Audit:	10/06/2025

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

Primary Contact

Name:	Bryan Hubbard
Email Address:	bhubbard@lancastercountypa.gov
Telephone Number:	7172093329

Superintendent/Director/Administrator	
Name:	Bryan Hubbard
Email Address:	bhubbard@lancastercountypa.gov
Telephone Number:	7172093329

Facility PREA Compliance Manager	
Name:	Dennis Dougherty
Email Address:	dedougherty@lancastercountypa.gov
Telephone Number:	717-735-1585

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

Facility Characteristics	
Designed facility capacity:	96
Current population of facility:	18
Average daily population for the past 12 months:	30
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	10-18
Facility security levels/resident custody levels:	Detention - Secure, Shelter - staff secure not site secure
Number of staff currently employed at the facility who may have contact with residents:	86
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20
Number of volunteers who have contact with residents, currently authorized to enter the facility:	100

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

Name:	
--------------	--

Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Bryan Hubbard	Email Address:	Bhubbard@lancastercountypa.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	
2	<ul style="list-style-type: none"> • 115.317 - Hiring and promotion decisions • 115.333 - Resident education
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-05
2. End date of the onsite portion of the audit:	2025-10-06

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	94
15. Average daily population for the past 12 months:	32
16. Number of inmate/resident/detainee housing units:	7

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

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

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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>16</p>
<p>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

<p>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>5</p>
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>This auditor was able to review the resident roster with the Facility Director to determine that there was 1 resident who was cognitively disabled and 5 residents who disclosed prior sexual abuse during the risk screening residing at this facility during the on-site portion of this audit.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	97
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	134
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	25
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	There were 97 staff employed at this facility during the on-site portion of this audit. In addition, there were 25 contracted staff and 134 volunteers approved to enter this facility during the on-site portion of this audit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This auditor interviewed 5 randomly selected residents at this facility. Residents from all housing units were randomly selected to be interviewed by this auditor. Ages of the residents interviewed ranged from 14 to 17 years old and their length of time residing in this facility ranged from 11 days to 9 months.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>10 of 21 residents (62.5%) residing at this facility were interviewed by this auditor during the on-site portion of this audit.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
--	----------

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
---	---

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who had a physical disability.</p>
--	--

<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
---	----------

<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Blind or had low vision.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Deaf or hard-of-hearing.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who were Limited English Proficient.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who identified as lesbian, gay, or bisexual.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files and the resident roster. It was determined there were no residents residing at this facility who identified as transgender or intersex.</p>

<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor interviewed the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. This auditor also reviewed resident files, resident roster, and investigation files. It was determined there were no residents residing at this facility who reported sexual abuse while residing at this facility.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no residents residing at this facility who were ever placed in segregated housing/isolation for risk of sexual victimization due to isolation being prohibited by the Pennsylvania Department of Human Services Chapter 3800 Childcare Regulations in residential programs. During the tour of this facility, this auditor did not view any areas a resident can be isolated.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>This auditor was able to interview 5 targeted residents (1 resident who had a cognitive disability and 4 residents who disclosed prior sexual victimization on the risk screening). There were no residents residing at this facility who met any other sampling areas to interview. This was confirmed by interviewing the Facility Director, medical staff, mental health staff, direct care staff, and residents at this facility during the on-site portion of this audit. In addition, this auditor also reviewed resident files and the resident roster.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>This auditor interviewed 12 direct care staff employed at this facility during the on-site portion of this audit. Staff interviewed years of experience ranged from 1 year to 30 years. Staff from all 3 shifts were interviewed (5 staff from first shift, 5 staff from second shift, and 2 staff from third shift).</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>20</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	This auditor interviewed the Agency Head, Agency PREA Coordinator, Facility Director, 2 investigative staff responsible for conducting administrative investigations, a staff who conducts risk assessments, 2 intake staff, 2 upper-level administrative staff who complete Unannounced Rounds, 2 staff who monitor retaliation, 2 medical staff, 2 mental health staff, 3 members of the Sexual Abuse Incident Review Team, and a Human Resources staff.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the first day of the on-site portion of this audit (10/5/2025), this auditor completed a detailed tour of this facility which took approximately 1 hour and 30 minutes. This auditor was accompanied by the Facility Director during the tour. All areas of this facility that residents have access to were toured. During the tour, this auditor noticed numerous PREA audit notices and a wide variety of attractive zero-tolerance posters posted throughout this facility, including in the lobby, living units, area where visits take place, intake area, and school. The zero-tolerance posters were printed in both English and Spanish and contained both toll-free telephone numbers and addresses.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>This auditor reviewed 10 randomly selected resident files from the past 12 months for documentation verifying PREA education was completed and 20 completed risk assessments to verify that they were completed as noted in the LCYIC PREA Policy. This auditor also reviewed 10 direct care staff personnel files to confirm background checks were completed and to confirm all PREA trainings were completed as noted in the LCYIC PREA Policy.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	5	0	5	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	4	0
Staff-on-inmate sexual harassment	0	0	0	1
Total	0	1	4	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no reports of sexual abuse at this facility during the past 12 months.

<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>5</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: 1

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

There were 6 reports of sexual harassment at this facility during the past 12 months (5 reports of resident-on-resident sexual harassment and 1 report of staff-on-resident sexual harassment). All 6 investigation reports were reviewed with investigators at this facility during the on-site portion of this audit.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) Lancaster County Youth Intervention Center (LCYIC) has a zero-tolerance policy (PREA Policy) concerning sexual harassment and sexual abuse of LCYIC youth and is committed to the prevention and elimination of sexual harassment and sexual abuse within the facility through compliance with the Prison Rape Elimination Act of 2003. LCYIC is committed to the equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect and respond to sexual harassment and sexual abuse. Violations of this policy may result in disciplinary sanctions for staff and resident perpetrators and/or criminal prosecution as authorities deem appropriate. This policy contains the necessary definitions, sanctions, and descriptions of the facility’s strategies and responses to sexual harassment and sexual abuse and forms the foundation for the facility's training efforts with residents, staff, contracted staff, and volunteers.</p> <p>(b) LCYIC has a designated Agency PREA Coordinator, and he has direct access to the Agency Head. His official title is Facility Director and Agency PREA Coordinator. This auditor reviewed the facility Organizational Chart and confirmed the Agency</p>

	<p>PREA Coordinator’s position and noted that he has direct access to the Agency Head for PREA related issues. He is knowledgeable of the PREA standards, and he stated that he is committed to PREA and implementing PREA at LCYIC. The Agency PREA Coordinator stated that he has sufficient support and time to develop, implement, and oversee this facility’s efforts towards PREA compliance and to fulfill his PREA responsibilities. He was interviewed by this auditor on October 6, 2025.</p> <p>(c) LCYIC does not have a Facility PREA Compliance Manager as this is a stand-alone facility. All PREA related issues are handed by the Agency PREA Coordinator.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Organizational Structure, Chain of Command, Description of Services Policy 3. LCYIC Organizational Chart 4. LCYIC PREA Pre-Audit Questionnaire <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator
--	---

115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a - b) LCYIC PREA Policy states, “The Youth Intervention Center does not contract with any other entities for the placement of residents.”</p> <p>LCYIC does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Facility Director. As a result of LCYIC not contracting for the confinement of its residents with other private agencies/entities, there were no contracts for this auditor to review.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director

115.313	Supervision and monitoring
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 497">(a) LCYIC PREA Policy states, “The Youth Intervention Center will make all best efforts to comply with a regular staffing plan. In calculating adequate staffing levels and determining the need for video monitoring, the following factors will be taken into consideration:</p> <ol data-bbox="341 568 1477 1272" style="list-style-type: none"> 1. The Pennsylvania Department of Human Service’s 'Child Residential and Day Treatment Facilities' licensing requirements, 55 Pa. Code 3800.1 et seq., which require that a security staff ratio of a minimum of 6:1 be maintained during waking hours, and 12:1 during sleeping hours when the residents are secured in their rooms; 2. Generally accepted detention, shelter, and alternative program practices; 3. Any judicial findings of inadequacy; 4. Any inadequacy findings from Federal investigative agencies; 5. Any inadequacy findings from internal or external oversight bodies; 6. All components of the physical plant; 7. The composition of the resident population; 8. The number and placement of supervisory staff; 9. Programs occurring on a particular shift; 10. Any applicable State or local laws, regulations or standards; 11. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 12. Any other factor that could impact the safety and security of the facility.” <p data-bbox="280 1312 1477 1469">There were 16 residents residing at LCYIC during the first day of this audit (2 residents in Unit 1B, 4 residents in Unit 2A, 4 residents in Unit 2B, 5 residents in Unit 6A, and 1 resident in Unit 6B). The average daily population at this facility during the past 12 months has been 32 residents.</p> <p data-bbox="280 1509 1469 1711">The annual Video Surveillance and Staffing Plan at LCYIC also addresses the facility staffing plan and staffing requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director and Assistant County Solicitor on January 2, 2025. This facility is currently budgeted for 72 direct care staff; 60 of those positions are currently filled and 12 of those positions are currently vacant.</p> <p data-bbox="280 1751 1477 2074">LCYIC is equipped with 87 video surveillance cameras (74 indoor cameras and 13 outdoor cameras). There is a total of 9 monitors in the Central Control Center which allows the cameras to be manned around the clock by staff assigned to the Central Control Center. In addition, the Facility Director has access to the video surveillance system on the computer in his office that can be viewed and/or reviewed at any point during the day. Video from all major incidents is reviewed by the Facility Director and administrative staff and retained on a database. It was noted during an interview with the Facility Director that random video surveillance is reviewed on a</p>

regular basis by the administrative team at LCYIC.

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

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

(c) The 2025 LCYIC Video Surveillance and Staffing Plan states that this facility runs at a minimum of 1:6 staff to resident ratio during waking hours (first and second shifts) and 1:12 staff to resident ratio during sleeping hours (third shift). It was confirmed by this auditor after reviewing population reports for the past 12 months, staff schedules, and observations made during the tour of this facility that these ratios were being met on a regular basis at this facility. During the on-site portion of this audit, there were a total of 16 residents residing at this facility and 2 staff assigned to each living unit during each shift.

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

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

A review of the LCYIC Video Surveillance and Staffing Plan confirmed that this plan is reviewed on an annual basis and was reviewed and revised by the Facility Director and Assistant County Solicitor on January 2, 2025.

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

	<p>A review of Unannounced Rounds Logs and staff interviews confirmed that Unannounced Rounds occur as required in this standard. Unannounced Rounds are conducted by intermediate-level and higher-level administrative staff (including the Facility Director and Shelter Director) at LCYIC. 2 administrative staff who conduct Unannounced Rounds were interviewed and they were able to discuss how they complete the rounds, assure minimum ratios are being met, and their inspections of this facility are completed. They both stated that they monitor radio transmissions, review video surveillance footage, and verbally notify the staff working in the Central Control Center not to notify any staff to ensure staff are not alerting each other that Unannounced Rounds are being conducted in this facility. They both discussed how they make sure the rounds are random by selecting different times of the day/night and days of the week to conduct the rounds. This auditor was able to review the Unannounced Rounds Log from the past 12 months (October 2024 to September 2025) to confirm that Unannounced Rounds are being completed a minimum of twice per month (once during waking hours and once during sleeping hours).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Staffing Schedules 3. LCYIC Resident Roster 4. 2025 LCYIC Video Surveillance and Staffing Plan 5. Unannounced Rounds Logs 6. Locations of Video Surveillance Cameras (inside and outside of the facility) 7. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Administrative Staff who complete Unannounced Rounds 3. Random Staff Interviews
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy prohibits staff from conducting cross-gender strip searches or cross-gender pat searches except for thoroughly documented exigent circumstances. This policy states “Resident searches are only to be conducted by staff members of the same gender, without exception. Searches include unclothed, partially clothed and body cavity searches.”</p>

Staff and resident interviews supported that cross-gender strip searches and cross-gender pat searches are prohibited and do not occur at LCYIC. During interviews, all staff were able to describe what an exigent circumstance would be.

During the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity searches of residents performed by medical staff or non-medical staff at LCYIC.

The Facility Director provided this auditor with a Transgender - Gender Variant Search Preference form that is used at LCYIC. This form is completed when a resident enters this facility and there is knowledge that the resident identifies as transgender. The form asks the resident which gender staff they prefer to conduct a pat search on them when they are required to be searched. This completed form is kept in the resident's file and staff at this facility are notified of the resident's preferred staff to complete pat searches on them.

There was 1 transgender resident admitted to LCYIC during the past 12 months. This auditor was provided with a completed Transgender - Gender Variant Search Preference form. This form noted the gender of the staff that the resident preferred to complete pat searches on the resident while the resident was residing at this facility.

(b) LCYIC PREA Policy states, "Cross-gender pat down searches are not permitted."

Interviews with the Facility Director, staff, medical staff, and residents confirmed that there has been no cross-gender pat searches of residents during the past 12 months at LCYIC. Staff interviewed understood what an exigent circumstance would be and that this is the only time that they would be permitted to conduct a cross-gender pat search.

(c) Staff interviewed reported that if they would have to conduct a cross-gender pat search, they would notify the supervisor on shift and document the search on an Unusual Incident Report detailing the search performed on the resident.

Staff and residents interviewed confirmed there have been no cross-gender pat searches conducted at LCYIC during the past 12 months.

(d) LCYIC PREA Policy states, "Only staff of the same gender are permitted in the bathroom area while residents use the bathroom, shower, or change clothing. Any staff member that enters a Unit housing residents of the opposite gender is required to announce his or her presence in the area upon entry."

All residents and staff interviewed confirmed that this policy is followed as only same-gender staff are permitted to supervise showers at this facility. All residents shower in shower stalls that have shower curtains which allow privacy. Only 1 resident is permitted to use the bathroom at a time at this facility. There are no cameras in the residents' bedrooms or bathrooms.

Male staff announce their presence upon entering a living unit that houses female residents by announcing "male on the unit" and female staff announce their

presence upon entering a living unit that houses male residents by announcing “female on the unit” loud enough for the residents to hear. Signs are posted outside of the door of each living unit directing opposite gender staff to announce their presence upon entering the living unit.

Interviews with staff and residents confirmed that opposite-gender staff announce their presence upon entering the living units as required by announcing “male on the unit” or “female on the unit” loud enough for residents to hear. This practice was observed by this auditor during a tour of this facility.

(e) LCYIC PREA Policy states, “Staff is strictly prohibited from conducting searches for the sole purpose of determining a resident’s genital status. Status should be determined through a residential interview or as part of the admission medical examination.”

Staff interviewed understood that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. Staff interviewed stated that if a resident’s genital status is unknown, they would attempt to determine the genital status by having conversations with the resident, reviewing medical records, and reviewing the case history of the resident.

(f) LCYIC PREA Policy states, “Staff will be required to have annual training pertaining to the facility’s emergency search and seizure procedures as outlined in Youth Intervention Center Policy #314. This training will include training specific to searches of transgender and intersex residents.”

All staff at LCYIC have been trained on the proper way to conduct cross gender pat down searches, and searches of transgender or intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are educated on this topic through the video titled “Guidance on Cross-Gender and Transgender Pat Searches” on an annual basis. Documentation of the training and staff participation was provided to this auditor to review, and it was confirmed that all staff employed at this facility involved in the supervision of the residents completed this training. Staff interviewed were able to discuss key points from this training during interviews with this auditor.

Reviewed documentation to confirm compliance:

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

Interviews:

	<ol style="list-style-type: none"> 1. Interview with Facility Director 2. Random Staff Interviews 3. Random Resident Interviews
--	--

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “The Youth Intervention Center will ensure that residents with physical and/or mental disabilities are instructed on the facility’s efforts to prevent, detect and respond to sexual abuse and harassment. Staff will assist in meeting this requirement by reading the facility’s PREA policy to vision impaired residents or allowing them to listen to the policy on the facility’s PREA mp3 player, located in the Detention Supervisor’s Office closet. Staff will provide PREA Refresher Training Program material to hearing impaired. Facility educators will also be available to instruct residents with learning disabilities.”</p> <p>There was 1 cognitively disabled resident residing at LCYIC during the on-site portion of this audit. This auditor interviewed this resident, and he confirmed that all his needs are met and anytime he does not comprehend something (including PREA education), he knows that he can seek assistance from any staff, supervisor, or teacher, and they will take the time to review the material he does not understand to ensure he is able to comprehend the material.</p> <p>An interview with the Facility Director confirmed that any disabled resident residing at this facility, receives an equal opportunity to participate in and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse. He stated that any disabled resident can meet one-on-one with a staff or supervisor to ensure that they comprehend the material presented to them. In addition, it was noted that all PREA education material is reviewed one-on-one with all residents upon intake with an intake staff and again within 10 days of intake with the case manager at this facility. Each resident is given an opportunity to ask any questions that they may have to ensure that they comprehend the material.</p> <p>(b) LCYIC PREA Policy states, “The Youth Intervention Center will ensure that residents who are limited English proficient are instructed on the facility’s efforts to prevent, detect, and respond to sexual abuse and harassment. The facility will meet this requirement by providing translated copies of the Youth Intervention Center’s orientation manual which addresses the PREA policy. These items are available on the facility’s PREA mp3 player, located in the Detention Supervisor’s Office closet. Bilingual staff can also be provided to assist residents when available.”</p>

The LCYIC PREA Brochure “What You Should Know About Sexual Abuse” is available to residents in both English and Spanish. Both versions of this brochure were reviewed by this auditor prior to the on-site portion of this audit. PREA posters are posted in the living units, all common areas, hallways, and the area where family visits take place at this facility. These posters are also in both English and Spanish. In addition, translation services are available to any limited English proficient residents admitted into this facility through Propio Language Services.

There were no limited English proficient residents residing at LCYIC during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

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

Interviews with staff confirmed that residents are not used as interpreters. In addition, it was confirmed during interviews with the staff that there have been no circumstances during the past 12 months at LCYIC where resident interpreters, readers, or other types of resident assistants have been used. Staff interviewed all understood there are interpreters and resources available for the residents in the event they are limited English proficient through Propio Language Services. During the tour of this facility, this auditor noted the telephone number to Propio Language Services is in the Central Control Center and Supervisor’s Office.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC PREA Youth Brochure (English)
3. LCYIC PREA Youth Brochure (Spanish)
4. Contract with Propio Language Services
5. Tour of Facility

Interviews:

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

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

(a) LCYIC PREA Policy states, "The Youth Intervention Center will not hire or promote anyone who may have contact with residents and will not enlist the services of a contractor who may have contact with residents, who:

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

The practice of conducting background clearances for all prospective employees prior to employment was confirmed during an interview with a representative from Human Resources at LCYIC. The Human Resources Office is responsible for overseeing background clearances for all prospective employees, contracted staff, and volunteers. This auditor reviewed 10 randomly selected employee files, 10 randomly selected contracted staff files, and 10 randomly selected volunteers' files to confirm compliance with this standard.

(b) LCYIC PREA Policy states, "The Youth Intervention Center will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or whether to enlist the services of any contractor who may have contact with residents. This information is obtained through background checks, reference checks, and criminal record checks."

This practice was confirmed during an interview with a representative from Human Resources at LCYIC as well as a review of 10 randomly selected employee files. In addition, it was noted that any staff who are hired at LCYIC is not permitted to work with the residents until all background clearances are completed.

(c) LCYIC PREA Policy states, "Any new hire at the Youth Intervention Center will be subjected to the following background checks and inquiries:

1. A criminal background check through the PA Clean Network as required by the Department of Human Service's §3800 regulations and Pennsylvania's Child Protective Service Law;
2. A PA CY-113 Child Abuse Clearance that lists any substantiated allegations of child abuse;
3. All prior institutional employers will be contacted during reference checks. Any information pertaining to substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse will be obtained consistent with Federal, State and local laws;
4. Any potential new hire will be questioned during the interview process about any past conduct of the type described in Section I(h)(i) of this Policy. All employees of the Youth Intervention Center have a continuing affirmative duty to disclose any such misconduct."

During an interview with the Facility Director, he was able to describe the hiring and promotion process in detail to this auditor. It was noted applications for background clearances are filed prior to any employee being offered employment and being able to have any contact with the residents at this facility. In addition, all prospective employees go through 3 different background clearances. These background checks include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and Child Abuse Registry Clearance. Upon receiving these 3 clearances, a copy of each is placed in the employee personnel file. In addition to obtaining background clearances, previous employment references are also contacted once the background clearances come back from the investigating agencies.

The Facility Director also noted that upon a prospective staff being selected for a position, an initial background check is completed through the Pennsylvania Justice Network (JNET). This background check is completed prior to applications for background clearances from the FBI, Pennsylvania State Police, and Child Abuse Registry being filed.

During the past 12 months, there were 11 staff hired at LCYIC who may have contact with residents. All randomly selected staff files contained the above-mentioned background clearances.

(d) LCYIC PREA Policy states, "Any new volunteer or contractor that has direct contact with residents will have a criminal record check conducted through the PA Clean Network and will be required to undergo a PA CY-113 Child Abuse Clearance."

All contracted staff and volunteers are screened as noted in the above-mentioned policy as they are required to have the same 3 background clearances staff must have completed prior to having contact with the residents at LCYIC. These background clearances include the following: FBI Background Clearance, Pennsylvania State Police Background Clearance, and Child Abuse History Clearance. Initial criminal background checks are also completed by the Facility Director through the Pennsylvania Justice Network (JNET).

During the past 12 months, there were 25 contracted staff and 128 volunteers approved to enter LCYIC to have contact with the residents. This auditor requested and was provided with background clearances for randomly selected contracted staff and volunteers approved to enter this facility to confirm compliance with this standard.

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

The Facility Director was able to describe the process of completing background clearances on current employees a minimum of every 5 years to ensure that this facility meets the requirements of this standard as well as Pennsylvania Department of Human Services 3800 Child Care Regulations. This auditor was able to review 10

randomly selected staff personnel files to confirm that background clearances are being completed when the employee is hired and a minimum of every 5 years after the initial background clearances are completed. All 10 staff personnel files contained the appropriate background clearances required in this standard.

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

LCYIC requires all applicants and staff seeking a promotion to disclose any misconduct during the application process. Failure to disclose information about previous misconducts shall exclude the applicant from being hired and/or promoted. This was confirmed during interviews with the Facility Director and a representative from Human Resources.

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

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

The Lancaster County employment application allows prospective employees to disclose their criminal history prior to any background clearance being completed. This auditor was provided with a copy of the Lancaster County employment application to review and confirm compliance. In addition, any staff employed at this facility are required to notify their immediate supervisor of any investigations, warrants, or arrests within 24 hours of any such contact with law enforcement.

This process noted in the LCYIC PREA Policy and LCYIC Recurring Employment Responsibilities was confirmed during interviews with the Facility Director and a representative from Human Resources as well as reviewing 10 randomly selected employees background clearances.

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

Interviews with the Facility Director and representative from Human Resources confirmed that when requested, LCYIC does provide information on substantiated

	<p>allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Recurring Employment Responsibilities Policy 3. Pennsylvania Department of Human Services 3800 Child Care Regulations 4. Review of Randomly Selected Staff Background Clearances 5. Review of Randomly Selected Contracted Staff Background Clearances 6. Review of Randomly Selected Volunteers Background Clearances 7. Lancaster County Employment Application <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Human Resources Representative
--	--

115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>LCYIC PREA Policy states, “The Youth Intervention Center makes use of the ‘Integrator’ building integration system. This system places video cameras in all areas populated by residents. These cameras are monitored twenty-four (24) hours a day, seven (7) days a week. Any modifications, upgrades, or expansions to the building or to the Integrator system will include consideration of the impact of such design, acquisition, expansion, or modification on the facility’s ability to protect residents from sexual abuse.”</p> <p>(a) There has been no expansion or modifications at LCYIC since the last PREA Audit in 2022. During an interview with the Facility Director, it was confirmed that if there are any additional plans for expansion or modifications at this facility, the facility will take into consideration the possible need to increase video monitoring and to further review monitoring technology to protect residents from sexual abuse.</p> <p>(b) The 2025 LCYIC Video Surveillance and Staffing Plan noted the video surveillance system was installed in 2002 and last upgraded in 2024. There are currently 87 video surveillance cameras at LCYIC (74 indoor video surveillance cameras and 13 outdoor video surveillance cameras). There have been 3 indoor video surveillance cameras installed at this facility since the last PREA Audit in 2022.</p>

	<p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. 2025 LCYIC Video Surveillance and Staffing Plan 3. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
--	---

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “All allegations of sexual abuse within the facility will be investigated by the Detectives Division of the Lancaster County District Attorney’s Office and/or by the Lancaster City Police as fully outlined in the ‘Memorandum of Understanding’.”</p> <p>The Lancaster County Detectives Unit and/or the Lancaster City Police Department conduct sexual abuse investigations which are criminal in nature at LCYIC. These investigations are completed in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are conducted by investigators at this facility. LCYIC has asked the Lancaster County Detectives Unit and the Lancaster City Police Department to comply with all PREA investigative standards in Memorandums of Understanding. In addition, the Facility Director also asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with all PREA investigative standards in formal letters dated September 29, 2025. This auditor was provided with copies of the Memorandums of Understanding and formal letters to review prior to the on-site portion of this audit.</p> <p>A representative from the Lancaster County Detectives Unit was interviewed by this auditor and stated that any investigator who handles a sexual abuse investigation at LCYIC has been trained in uniform evidence protocol. In addition, this auditor interviewed 2 investigators who are responsible for conducting administrative investigations at this facility. Both investigators interviewed stated that they have completed investigator training through the National Institute of Corrections. Training records confirming that all investigators at this facility completed the above-mentioned investigator training were requested and received by this auditor to confirm compliance.</p> <p>There were 6 investigations completed at LCYIC during the past 12 months (5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-</p>

resident sexual harassment). Administrative investigations were conducted by investigators at this facility and 1 of the allegations were determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations were determined to be Unfounded (resident-on-resident sexual harassment).

(b) LCYIC is not responsible for completing any form of criminal sexual abuse investigations. All sexual abuse investigations for allegations which are criminal in nature are completed by the Lancaster County Detectives Unit and/or the Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by investigators at this facility. This was confirmed during interviews with the Facility Director, investigators at this facility, and a representative from the Lancaster County Detectives Unit.

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

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

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

There were no incidents of sexual abuse involving penetration at LCYIC during the past 12 months that required a resident to be transported to Lancaster General Hospital. Therefore, there were no forensic examinations completed.

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

It was noted that any resident victim of sexual abuse at LCYIC would receive emotional support and advocacy services from the YWCA of Lancaster. This facility has a Memorandum of Understanding with the YWCA of Lancaster to provide emotional support and advocacy services to any resident at this facility. This auditor was provided with a copy of the signed Memorandum of Understanding to confirm compliance.

A representative from the YWCA of Lancaster was interviewed by this auditor and confirmed that an advocate from their agency would respond to Lancaster General Hospital or this facility to provide emotional support and rape crisis counseling to any resident victim of sexual abuse.

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

Interviews with the Facility Director and a representative from the YWCA of Lancaster confirmed that an advocate would be contacted to accompany and support the victim through the forensic medical examination process and investigatory interviews. This advocate would also provide emotional support, crisis intervention, information, and referrals to the victim.

(f) The Lancaster County Detectives Unit and/or Lancaster City Police Department conduct sexual abuse investigations which are criminal in nature in conjunction with the Pennsylvania Department of Human Services at LCYIC. All alleged incidents of sexual abuse at this facility are also reported to other appropriate authorities as required (including the Pennsylvania Department of Human Services through the Childline Hotline and/or investigators at this facility). LCYIC has asked the Lancaster County Detectives Unit and the Lancaster City Police Department to comply with all PREA investigative standards in Memorandums of Understanding. In addition, the Facility Director formally asked the Lancaster County Detectives Unit and the Lancaster City Police Department to comply with the PREA investigative standards in formal letters dated September 29, 2025. This auditor was provided copies of the Memorandums of Understanding and formal letters to the Lancaster County Detectives Unit and the Lancaster City Police Department to confirm compliance with this standard.

An interview with a representative from the Lancaster County Detectives Unit confirmed that his agency complies with all PREA investigative standards when completing an investigation at LCYIC. Administrative investigations are conducted by investigators at this facility.

(g) All criminal investigations of sexual abuse at LCYIC are conducted by the Lancaster County Detectives Unit and/or the Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services. LCYIC has signed Memorandums of Understanding with the Lancaster County Detectives Unit and the Lancaster City Police Department and formally asked the Lancaster County Detectives Unit and the Lancaster City Police Department to comply with the PREA investigative standards in formal letters dated September 29, 2025. This auditor was provided copies of the Memorandums of Understanding and the formal letters to the Lancaster County Detectives Unit and the Lancaster City Police Department to confirm compliance with this standard.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Memorandum of Understanding with Lancaster County Detectives Unit 3. Formal Letter to Lancaster County Detectives Unit 4. Memorandum of Understanding with Lancaster City Police Department 5. Formal Letter to Lancaster City Police Department 6. Memorandum of Understanding with Lancaster General Hospital 7. Memorandum of Understanding with YWCA of Lancaster 8. Investigators Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Investigators 3. Interview with Representative from Lancaster County Detectives Unit 4. Interview with Representative from Lancaster General Hospital 5. Interview with Representative from YWCA of Lancaster
--	--

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy notes that an administrative investigation and/or criminal investigation is completed for all allegations of sexual harassment and sexual abuse at LCYIC.</p> <p>There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment at this facility during the past 12 months. All 6 allegations were investigated by investigators at this facility and 1 of the allegations were determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations were determined to be Unfounded (resident-on-resident sexual harassment).</p> <p>Interviews with the Facility Director and investigators at this facility confirmed the referral process for any allegations of sexual harassment and sexual abuse to ensure all allegations of sexual harassment and sexual abuse are investigated by the Lancaster County Detectives Unit and/or Lancaster City Police Department (criminal investigations) or investigators at this facility (administrative investigations).</p> <p>(b) LCYIC PREA Policy notes that all allegations of sexual harassment and sexual abuse are referred to the Lancaster County Detectives Unit and/or Lancaster City Police Department (criminal investigations) and investigators at this facility</p>

(administrative investigations) for investigation. This policy is posted on the facility website.

The Facility Director stated that during an open criminal investigation, communication is maintained between LCYIC and the Lancaster County Detectives Unit and/or Lancaster City Police Department through telephone calls, emails, and on-site visits. There were no criminal investigations conducted by the Lancaster County Detectives Unit and/or Lancaster City Police Department during the past 12 months at this facility.

Information regarding the referral of allegations of sexual harassment and sexual abuse for investigation and other PREA related information is posted on the facility website. In addition, this information is also sent to the families of the residents and contracting agencies when the resident arrives at this facility. PREA related information is also posted in all common areas of this facility and was observed by this auditor during the tour of this facility.

All staff interviewed were aware how to report allegations of sexual harassment and sexual abuse. Staff were also aware that sexual abuse investigations which are criminal in nature are conducted by the Lancaster County Detectives Unit and/or Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services, and administrative investigations are conducted by investigators at this facility.

(c) LCYIC has asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with all PREA investigative standards in Memorandums of Understanding. In addition, this facility also asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with all PREA investigative standards in formal letters dated September 29, 2025. This auditor was provided copies of the Memorandums of Understanding and formal letters to review prior to the on-site portion of this audit to confirm compliance with this standard.

A representative from the Lancaster County Detectives Unit was interviewed by this auditor and stated that his department completes thorough investigations into each incident and contacts this facility at the completion of any criminal investigation. An investigator at this facility would then conduct an administrative investigation following any criminal investigation. Interviews with 2 investigators at this facility confirmed that they investigate allegations of sexual abuse and complete a detailed investigative report at the completion of all investigations.

The Facility Director stated that following all sexual abuse investigations, a Sexual Abuse Incident Review is conducted by the Incident Review Team if the allegation is determined to be Substantiated or Unsubstantiated.

(d - e) All criminal investigations of sexual abuse at LCYIC are conducted by the Lancaster County Detectives Unit and/or Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services. This facility has Memorandums of Understanding with the Lancaster County Detectives Unit and Lancaster City Police Department which notes that the Lancaster County Detectives

	<p>Unit and Lancaster City Police Department will comply with all PREA investigative standards. In addition, LCYIC also asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with all PREA investigative standards in formal letters dated September 29, 2025. This auditor was provided with copies of the Memorandums of Understanding and formal letters to review prior to the on-site portion of this audit to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Memorandum of Understanding with Lancaster County Detectives Unit 3. Formal Letter to Lancaster County Detectives Unit 4. Memorandum of Understanding with Lancaster City Police Department 5. Formal Letter to Lancaster City Police Department 6. Investigation Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Investigators 3. Interview with Representative from Lancaster County Detectives Unit
--	--

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “The facility will train employees on all of the following:</p> <ol style="list-style-type: none"> 1. The Youth Intervention Center’s zero tolerance policy for sexual abuse and sexual harassment; 2. The employees’ individual rights and responsibilities under this policy; 3. The residents’ rights to be free from sexual abuse and harassment; 4. The residents’ and employees’ rights to be free from retaliation for reporting incidents of sexual abuse and harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and harassment; 7. How to detect and respond to signs of threatened and actual sexual abuse; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively with residents, including residents who are lesbian, gay, bisexual, transgender, intersex (“LGBTI”), or gender non-conforming; 10. The Pennsylvania Child Protective Service Law and the employees’

responsibilities as mandated reporters.”

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

All staff interviewed reported receiving the above-mentioned trainings/refreshers. In addition, staff interviewed discussed receiving additional PREA refreshers during staff meetings throughout the year to review any policy changes or PREA-related issues that may be observed in this facility. Training records from 2025 were reviewed by this auditor and confirmed that all staff who have contact with residents at LCYIC completed the trainings/annual refreshers.

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

PREA trainings/annual refreshers specific to this facility are completed by staff annually. LCYIC is a coed facility that houses both male and female residents; therefore, the trainings/annual refreshers are tailored to a coed population. This auditor reviewed the PREA trainings/annual refreshers curriculums that all staff are required to complete. After reviewing these trainings/annual refreshers curriculums, it was confirmed that these trainings are tailored to both male and female residents.

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

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

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

This auditor reviewed training records from 2025 and confirmed that all staff completed the mandatory PREA trainings. Interviews with staff also confirmed that they receive the training on an annual basis and understood the material that was covered in the trainings/refreshers that they received.

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

All staff at LCYIC who successfully complete the annual PREA trainings must sign an

	<p>acknowledgement form noting they received the annual PREA training. This acknowledgement form confirms that each staff has received the training, understands the training, and will adhere to the information and requirements covered in the training.</p> <p>This auditor was able to review training records and acknowledgement forms from 2025 and confirmed that each staff signed an acknowledgement form confirming that they understood the training they received.</p> <p>Interviews with staff confirmed that they are knowledgeable of PREA. Staff demonstrated their knowledge of PREA, LCYIC policies, and the residents and staff's right to be free from retaliation for reporting allegations of sexual abuse during these interviews.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. PREA Training Curriculum 3. Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Staff Interviews
--	---

115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, "All volunteers and contractors that have direct contact with residents must undergo training on the Youth Intervention Center's efforts to detect, prevent and respond to sexual abuse and sexual harassment."</p> <p>LCYIC reported that during the past 12 months, there have been 25 contracted staff and 158 volunteers approved to enter this facility. Contracted staff approved to enter LCYIC include medical staff from Prime Care Medical, teachers from the Lancaster School District, and dietary workers from Aramark Food Services. Volunteers include members of local church groups, interns from local universities, and trained professionals who provide art therapy and music therapy.</p> <p>During an interview with the Facility Director, it was confirmed that prior to entering this facility, all contracted staff and volunteers are given a copy of LCYIC PREA Brochure for Contractors, Vendors, and Volunteers titled "A Guide to the Prevention and Reporting of Sexual Misconduct with Residents". This PREA Brochure reviews</p>

the importance of maintaining appropriate interactions with the residents at LCYIC, an overview of the PREA Policy, definitions of sexual harassment and sexual abuse, and how to report allegations of sexual abuse. All contracted staff and volunteers are also required to view the National Institute of Corrections video titled "Keeping Our Kids Safe" prior to having any contact with the residents at this facility.

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

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

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

All contracted staff and volunteers approved to enter LCYIC are required to sign an acknowledgement form titled "Professional Visitor PREA Acknowledgement" (for contracted staff) and "Volunteer PREA Acknowledgement" (for volunteers) to confirm that they have received the training. LCYIC maintains training records for contracted staff and volunteers who have been approved to enter this facility and have contact with residents on the facility database. This database is maintained by the Facility Director. The Facility Director was able to explain the process of educating a contracted staff/volunteer prior to them entering this facility to ensure they are aware of the PREA Policy, their duty to report, and the importance of appropriate interactions with the residents. This auditor requested and received randomly selected signed Volunteer/Contractor Training and Acknowledgement Forms for 10 contracted staff and 10 volunteers approved to enter LCYIC during the past 12 months to confirm that they received the required training prior to entering this facility and having contact with residents.

Interviews with 4 contracted staff confirmed that they received and understood the training that they received. 2 medical staff from Prime Care Medical, 1 teacher from the Lancaster School District, 1 contracted dietary staff from Aramark Food Services were interviewed. There were no volunteers at this facility during the on-site portion of this audit to interview.

Reviewed documentation to determine compliance:

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

	<p>5. Signed Contractor and Volunteer Acknowledgement Forms</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Contracted Staff
--	---

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “Every resident admitted to the Youth Intervention Center will receive the Youth Intervention Center Rights and Responsibilities Form and Information Guide. Each resident will be briefed on the facility’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Information will also be included on prevention/intervention, self-protection, reporting, medical treatment, and mental health counseling. During orientation, this information will be communicated verbally and in writing in a language clearly understood by the resident. At risk residents will be placed on the shift pass-on so that staff can be briefed on the resident at the start of the shift. Resident and parental signatures indicating receipt of this information must be maintained in the resident’s file.”</p> <p>This auditor was able to review a copy of the PREA pamphlet titled “What You Should Know About Sexual Abuse”. All residents receive a copy of this PREA pamphlet and a PREA Orientation upon admission to LCYIC. The PREA pamphlets are available in both English and Spanish. Upon receiving the PREA pamphlet and PREA Orientation at intake, each resident signs an acknowledgement form titled “Intake PREA Orientation”. This acknowledgement form confirms that they received the PREA Orientation and a copy of the PREA pamphlet. This auditor was able to review 10 randomly selected resident’s files to confirm each resident received the PREA education pamphlet titled “What You Should Know About Sexual Abuse” and the PREA Orientation at intake and signed an acknowledgement form confirming that they received this material.</p> <p>Residents interviewed were knowledgeable of PREA and were able to articulate ways they can report sexual harassment and sexual abuse. In addition, all residents interviewed confirmed that they received the PREA Pamphlet titled “What You Should Know About Sexual Abuse” and the PREA Orientation during their intake.</p> <p>(b) LCYIC PREA Policy states, “The Case Manager will facilitate the resident’s primary PREA training program for all new Detention and Shelter residents. Residents will sign a participation form which the Case Manager will submit to the</p>

Supervisor On-Duty at the conclusion of the program. Completed participation forms will be forward to the front office for inclusion in each resident's legal file."

LCYIC reports there were 118 residents admitted into this facility whose stay was 10 days or longer during the past 12 months. All residents received comprehensive PREA education within 10 days of being admitted into this facility. This comprehensive education is titled "PREA: What Residents Need to Know". This curriculum includes a review of this facility's PREA Policy, how to report allegations of sexual harassment and sexual abuse, each resident's right to be free from both sexual harassment and sexual abuse and retaliation for reporting such incidents, and the telephone number and address to the YWCA of Lancaster.

During interviews with the Facility Director and case manager, it was confirmed that residents receive this comprehensive education during a one-on-one session with the case manager at this facility. This auditor reviewed 10 residents' files to confirm that all residents received their comprehensive PREA education within 10 days of being admitted into this facility. All residents interviewed confirmed that they received comprehensive PREA Education within 10 days of being admitted into this facility.

(c) Intake staff interviewed reported that each resident admitted into LCYIC receives the PREA pamphlet titled "What You Should Know About Sexual Abuse." An intake staff reviews this pamphlet with each resident and answers any questions that they may have. In addition to providing each resident with the PREA pamphlet titled "What You Should Know About Sexual Abuse" during intake, the case manager completes a comprehensive PREA education session titled "PREA: What Residents Need to Know" with each resident during the resident's first 10 days at this facility and answers any questions that they may have. It was also noted that all residents residing at this facility participate in monthly PREA education groups. These groups reeducate the residents on this facility's PREA Policy, how to report allegations of sexual harassment and sexual abuse, each resident's right to be free from both sexual harassment and sexual abuse and retaliation for reporting such incidents, and the services available to each resident through the YWCA of Lancaster.

This auditor reviewed 10 randomly selected resident's files during the on-site portion of this audit and all 10 resident's files reviewed contained a signed copy of the acknowledgement form confirming that the resident received the PREA pamphlet titled "What You Should Know About Sexual Abuse" at intake and an acknowledgement form confirming that the resident received the comprehensive PREA education withing 10 days of being admitted into this facility.

All residents interviewed confirmed reviewing and receiving a copy of the PREA pamphlet titled "What You Should Know About Sexual Abuse" upon intake. Residents interviewed also confirmed that they received comprehensive PREA education during their first 10 days and participate in monthly PREA education groups at this facility.

(d) LCYIC PREA Policy states, "All residents must be provided with information on the facility's PREA policy. Residents with disabilities or who have limited English

proficiency will be referred to a facility educator for additional explanation and assistance.”

Interviews with intake staff confirmed that all PREA education information is communicated orally and in writing and in a language clearly understood by the resident. Interpreters are also available through Propio Language Services for residents who are Limited English Proficient. This facility also ensures that key information about PREA is continuously and readily available or visible through posters, the Resident Handbook, and the PREA pamphlet titled “What You Should Know About Sexual Abuse” in both English and Spanish. This auditor was able to confirm this material was available in both English and Spanish during the tour of this facility and by reviewing the Resident Handbook and PREA pamphlet that all residents receive upon intake into this facility.

There was 1 cognitively disabled resident interviewed during the on-site portion of this audit. This resident confirmed that all PREA educational materials were explained to him in a language he understood. This resident confirmed that staff at this facility took the time to explain all the information one-on-one with him during PREA education sessions to ensure that he understood the material.

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

Upon receiving the Resident Handbook and PREA pamphlet titled “What You Should Know About Sexual Abuse” and PREA Orientation at intake, each resident signs an acknowledgement form confirming that they received a copy of the PREA pamphlet and PREA Orientation. LCYIC maintains documentation confirming that each resident receives comprehensive PREA education within 10 days of intake on an acknowledgement form that the resident signs after receiving the education with the case manager at this facility.

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

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

At intake, all residents receive the PREA pamphlet titled “What You Should Know About Sexual Abuse”. This pamphlet includes information about this facility’s PREA Policy and reporting information noting ways to report an allegation of sexual harassment or sexual abuse. In addition, there were visible posters (in both English and Spanish) in the hallways, common areas, visiting areas, and in the living units of

	<p>this facility that were viewed by this auditor during the tour of this facility.</p> <p>Each resident interviewed confirmed that they have been educated on PREA during the intake process, within 10 days of intake, and on a regular basis during their stay at the facility through monthly PREA education groups.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Resident Handbook 3. LCYIC PREA Pamphlet 4. PREA Orientation 5. Resident Files 6. PREA Posters 7. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Intake Staff 3. Random Resident Interviews 4. Interview with Cognitively Disabled Resident
--	--

115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) The Lancaster County Detectives Unit and/or Lancaster City Police Department are the entities outside of this facility responsible for the investigation of all allegations of sexual abuse which are criminal in nature.</p> <p>LCYIC has signed Memorandums of Understanding with the Lancaster County Detectives Unit and Lancaster City Police Department. These Memorandums of Understanding note the responsibilities of both this facility and the Lancaster County Detectives Unit and Lancaster City Police Department during an investigation. In addition, the Facility Director has formally asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with the PREA investigative standards. This was requested in formal letters to the Lancaster County Detectives Unit and Lancaster City Police Department requesting investigations be conducted in compliance with PREA standards. These letters were dated September 29, 2025, and copies were provided to this auditor for review.</p> <p>Administrative investigations at LCYIC ae completed by investigators at this facility.</p>

The Facility Director and Shelter Director at this facility are trained investigators. This auditor was provided with documentation confirming that both investigators completed the National Institution of Corrections investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" to confirm compliance with this standard.

(b) The Lancaster County Detectives Unit and/or Lancaster City Police Department are responsible for the investigation of allegations of sexual abuse which are criminal in nature at LCYIC. A representative from the Lancaster County Detectives Unit was interviewed by this auditor and stated that all detectives have completed various investigative trainings pertaining to the investigation of sexual abuse in a confinement setting. He was able to describe these trainings to this auditor and confirmed that all detectives would adhere to the PREA investigative standards when completing a sexual abuse investigation at this facility.

There are currently 2 trained investigators at LCYIC who complete administrative investigations for allegations of sexual abuse. Both investigators at this facility were interviewed by this auditor and were able to describe the training that they received and discussed evidence collection and the criteria and evidence required to substantiate an allegation of sexual abuse.

(c) The Lancaster County Detectives Unit and/or Lancaster City Police Department is responsible for the investigation of allegations of sexual abuse which are criminal in nature at LCYIC. This facility has signed Memorandums of Understanding with the Lancaster County Detectives Unit and Lancaster City Police Department. These Memorandums of Understanding note the responsibilities of both this facility and the Lancaster County Detectives Unit and Lancaster City Police Department during a criminal investigation. In addition, the Facility Director has formally asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with the PREA investigative standards. This was requested in formal letters to the Lancaster County Detectives Unit and Lancaster City Police Department requesting investigations be conducted in compliance with the PREA investigative standards. These letters were dated September 29, 2025. Copies of the Memorandums of Understanding and formal letters to the Lancaster County Detectives Unit and Lancaster City Police Department were provided to this auditor for review.

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

In addition, the Facility Director was able to confirm that any allegations of sexual harassment and sexual abuse which are criminal in nature are referred to the Lancaster County Detectives Unit and/or Lancaster City Police Department for investigation.

There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment reported at LCYIC during the past 12 months. Investigators at this facility completed administrative investigations and 1 of the

	<p>allegations was determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations was determined to be Unfounded (resident-on-resident sexual harassment).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Memorandum of Understanding with Lancaster County Detectives Unit 2. Formal Letter to the Lancaster County Detectives Unit 3. Memorandum of Understanding with Lancaster City Police Department 4. Formal Letter to Lancaster City Police Department 5. Investigators Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Investigators 3. Interview with Representative from the Lancaster County Detectives Unit
--	---

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, "Prime Care Medical, Inc. is the contracted medical service provider for the Youth Intervention Center. Prime Care requires all employees to undergo training on PREA and the accompanying regulations. The facility will keep on file a copy of the training provided to medical staff and the training roster. Medical staff that have contact with residents must be trained on the following:</p> <ol style="list-style-type: none"> 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively to juvenile victims of sexual abuse and sexual harassment; 4. How and to whom to report allegations of sexual abuse and harassment." <p>There are currently 8 medical staff and 3 mental health staff (11 specialized staff in total) employed at LCYIC. All medical staff are contracted through Prime Care Medical. Training records reviewed by this auditor confirmed that all medical staff and mental health staff at this facility completed specialized training through the National Institute of Corrections. Medical staff completed the training titled "PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting" and</p>

mental health staff completed the training titled "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting". Interviews with 2 medical staff and 2 mental health staff confirmed that they received the trainings and understood the material specific to their job title.

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

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

This auditor received and reviewed medical staff and mental health staff training records and confirmed that each staff member completed the specialized trainings specific to their job titles and received a certificate of completion after successfully completing the training through the National Institute of Corrections. In addition, interviews with 2 medical staff and 2 mental health staff confirmed that they completed and understood the specialized trainings specific to their job title.

(d) This auditor was able to review medical staff and mental health staff training records to confirm that they successfully completed the required specialized training specific to their job titled through the National Institute of Corrections.

All contracted medical staff from Prime Care Medical have received and completed the training that all contracted staff and volunteers are required to complete prior to having any contact with the residents at LCYIC. All mental health staff have received and completed the annual PREA training that all staff at this facility are required to complete.

This auditor interviewed 2 medical staff and 2 mental health staff at this facility to confirm that they understood the specialized trainings they completed and to confirm compliance that they completed the training that all contracted staff and volunteers approved to enter this facility are required to complete (contracted medical staff from Prime Care Medical) or the annual PREA training that all staff at this facility are required to complete. During interviews with the contracted medical staff, they stated that all contracted medical staff from Prime Care Medical are also required to complete a PREA training course through the Relias Learning System annually.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Medical/Mental Health Staff Specialized Training Logs
3. PREA Training Curriculums/Training Logs

	<p style="text-align: center;">4. Memorandum of Understanding with Lancaster General Hospital</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Medical Staff 2. Interviews with Mental Health Staff
--	---

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, "All residents will be assessed using the facility's Vulnerability Assessment within 72 hours of admission in order to determine their risk of being sexually abused by other residents or being sexually abusive towards other residents. This assessment will be completed by the facility's Case Manager. The Case Manager will update a resident's Vulnerability Assessment during their 180-Day Individual Service Plan."</p> <p>This auditor discussed the Vulnerability Assessment Instrument with the Facility Director and case manager who conducts the screening at LCYIC. The Vulnerability Assessment Instrument is completed by the case manager within 72 hours of intake and residents are reassessed using the Vulnerability Assessment Instrument every 6 months after the initial assessment. Due to the short-term average length of stay at this facility, most residents only receive an initial assessment. In addition, the Vulnerability Assessment Instrument is administered if there is a sexual harassment or sexual abuse incident involving a resident. All staff interviewed were aware this screening is used to protect residents from sexual abuse while being housed at LCYIC.</p> <p>During the past 12 months, there were 175 residents admitted to LCYIC whose length of stay in the facility was 72 hours or more. All 175 residents admitted into this facility were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of arriving at this facility by being administered the Vulnerability Assessment Instrument. This auditor was able to confirm that the Vulnerability Assessment is completed upon intake by interviewing the case manager who conducts the screening and by reviewing 10 randomly selected resident files. In addition, this auditor also reviewed 10 randomly selected resident files for residents who were residing at this facility for 6 months or longer (including the 5 residents who were residing at this facility for over 6 months during the on-site portion of this audit). All residents interviewed stated that the Vulnerability Assessment Instrument is completed as noted in the LCYIC PREA Policy.</p> <p>(b) The Vulnerability Assessment Instrument is an objective screening assessment</p>

used to conduct risk assessments of each resident within 72 hours of admission into this facility and every 6 months after the initial screening is completed. In addition, the Vulnerability Assessment Instrument is administered to any residents who are involved in a sexual harassment or sexual abuse incident.

The case manager who administers the Vulnerability Assessment Instrument was interviewed and understood how to administer this screening and was aware of its importance in keeping residents safe from sexual abuse. She was able to describe how this screening is administered within 72 hours of the resident being admitted into this facility and periodically throughout the resident's stay at the facility (each resident is reassessed every 6 months after the initial assessment).

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

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

This auditor was able to review the Vulnerability Assessment Instrument that is used to screen residents at LCYIC and confirmed that this screening is objective and captures the information required in this standard. A review of 20 randomly selected resident's files confirmed that the Vulnerability Assessment Instrument is being administered within 72 hours of intake and periodically throughout a resident's stay at this facility (residents are reassessed every 6 months after their initial assessment). In addition, the Vulnerability Assessment Instrument is administered to any residents who are involved in a sexual harassment or sexual abuse incident. These screenings are being completed by the case manager at this facility.

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

Interviews with the Facility Director and the case manager who administers the Vulnerability Assessment Instrument confirmed that she assesses each resident within 72 hours of admission (typically during the resident's first day at this facility) and periodically throughout a resident's stay at the facility (residents are reassessed every 6 months after their initial assessment). The case manager interviewed who administers the Vulnerability Assessment Instrument also stated that she uses case

history notes and behavioral records, in addition to the face-to-face interview, when conducting screenings at this facility.

(e) LCYIC PREA Policy states, "The Youth Intervention Center will implement appropriate controls in the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents."

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

Interviews with residents confirmed that the Vulnerability Assessment Instrument has been administered as noted in the above-mentioned policy as all the residents interviewed confirmed that they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse while at LCYIC.

All residents interviewed, who have resided at this facility for over 6 months, confirmed that they have been asked these questions again periodically during their stay at this facility. 20 randomly selected residents' files were reviewed for documentation to confirm that the Vulnerability Assessment Instrument is being administered as noted in the above-mentioned policy. All resident files reviewed by this auditor had the above-mentioned screening completed within 72 hours of intake and periodically throughout their stay at the facility (every 6 months following their initial screening).

Reviewed documentation to determine compliance:

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

Interviews:

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Interviews with the Facility Director and the case manager who administers the Vulnerability Assessment Instrument confirmed that the Vulnerability Assessment Instrument is completed by the case manager within 72 hours of intake (typically during the resident's first day at this facility) and bedroom, program, education, and work assignments are made accordingly to keep all residents at LCYIC free from sexual abuse. Both were able to discuss how the Vulnerability Assessment Instrument is used to place all residents in appropriate living units and appropriate bedrooms to ensure residents are kept safe while residing in this facility. It was also noted that there are also designated bedrooms in each living unit that residents who need a higher level of supervision are placed in to keep all residents safe.

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

A review of 20 completed Vulnerability Assessment Instruments (including 10 residents who have resided at this facility for 6 months or longer) confirmed that the screening is used to place residents in appropriate living units, bedrooms, program, education, and work assignments.

(b) LCYIC PREA Policy states, "The Youth Intervention Center does not utilize protective custody or segregated housing."

In addition, isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations.

It was documented on the PAQ that there were no residents placed in isolation during the past 12 months at this facility. An interview with the Facility Director confirmed that this facility has not used isolation to protect any residents at risk for

sexual victimization during the past 12 months as isolation is prohibited by the Pennsylvania Department of Human Services 3800 Child Care Regulations. During the tour of this facility, this auditor did not notice any areas where a resident could be isolated.

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

The Facility Director stated that under no circumstance would a resident be placed in a specific living unit or bedroom based solely on their sexual identification. He stated residents are placed in appropriate living units and bedrooms by using the results from the Vulnerability Assessment Instrument to ensure safety.

There were no residents who identified as LGBTI residing at LCYIC during the time of the on-site audit. Therefore, there were no residents for this auditor to interview.

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

There was 1 transgender resident admitted to LCYIC during the past 12 months. An interview with the Facility Director confirmed a decision on which living unit to place this transgender resident was made by the administrative team. This decision was documented on a Transgender/Gender Variant Housing Decision form and was made in the best interest of the resident's safety. This auditor was provided documentation which noted this facility's decision to place the above-mentioned transgender resident in an appropriate living unit.

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

An interview with the Facility Director confirmed that LCYIC ensures placement and programming for any transgender or intersex resident admitted into this facility would be reassessed every 6 months (during the resident's Individual Service Plan Review Meeting) while they are residing at this facility. Placement and programming reviews for transgender or intersex residing are documented on a Transgender/Gender Variant Housing Decision form.

There was 1 transgender resident admitted to LCYIC during the past 12 months. This resident resided at this facility for under 1 month and was not reassessed due to the short amount of time that this resident resided at this facility.

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

There was 1 transgender resident admitted to LCYIC during the past 12 months. An interview with the Facility Director confirmed that the administrative team at this facility ensures resident's views are given serious consideration as staff are educated on how to interact professionally with transgender/intersex residents

during annual trainings at this facility.

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

Interviews with the Facility Director and staff confirmed that transgender residents are given the opportunity to shower separately from the other residents. They stated that all residents at this facility shower alone as only resident is permitted to use the bathroom at a time.

There has been 1 transgender resident admitted to LCYIC during the past 12 months. However, this resident had been released prior to the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

(h - i) LCYIC PREA Policy states, "The Youth Intervention Center does not utilize protective custody or segregated housing."

In addition, isolation is prohibited by the Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations.

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

Reviewed documentation to determine compliance:

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

Interviews:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Reporting information is delivered to the residents through the intake process, 10-day comprehensive PREA education, monthly PREA education groups, Resident Handbook, and PREA pamphlet titled "What You Should Know About Sexual Abuse". Numerous posters (in both English and Spanish) were observed throughout this facility by this auditor during the tour. These posters highlighted the various ways residents and staff can report incidents of sexual abuse.

Residents are permitted to report allegations of sexual abuse privately by using the PREA Boxes that are located in the vestibule of the Shelter Unit and in a common area in the Detention Unit where residents pass by in the Dining Room area. All PREA Boxes are locked and are checked daily by administrative staff daily. Residents are permitted to submit reports in PREA Boxes without submitting them to staff.

Interviews with residents confirmed that they were educated on how to report allegations of sexual abuse. All residents interviewed were able to note several ways to report allegations of sexual abuse to facility staff, administrative staff, medical staff, and mental health staff. All residents interviewed were also aware of the PREA Boxes located in the vestibule of the Shelter Unit and in a common area in the Detention Unit and stated that they are permitted to submit allegations of sexual abuse by placing a report in a PREA Box.

(b) LCYIC PREA Policy states, "Residents are further instructed that incidents of sexual abuse and harassment can be reported to the following outside groups and entities: YWCA of Lancaster: Residents may contact YWCA of Lancaster to report sexual abuse or harassment or to seek support services on any Unit telephone or from the telephone located in the facility's Hearing Room. Residents making reports may remain anonymous upon request. The YWCA of Lancaster telephone number will be posted at each telephone, and the telephones will be tested on a weekly basis by 3rd shift Supervisors to ensure proper operation. Test results and name of the individual conducting the test documented on the Supervisor Shift Log. Prime Care Medical: Residents can also place reports of sexual abuse or harassment in the medical boxes located in the Detention Dining Room area or the Shelter Unit Vestibule. Medical staff will check these boxes on a daily basis at each medication pass."

LCYIC has a "Black Phone" located in each living unit that allows residents make

private calls to the YWCA of Lancaster Sexual Assault Hotline to report sexual abuse. Each “Black Phone” has the telephone number to the YWCA of Lancaster Sexual Assault Hotline posted on them. This auditor called the telephone number posted on the “Black Phone” and confirmed that it was the telephone number to the YWCA of Lancaster Sexual Assault Hotline.

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

The LCYIC PREA pamphlet titled “What You Should Know About Sexual Abuse” was reviewed by this auditor and it contained the telephone number and address for residents to report allegations of sexual abuse to the YWCA of Lancaster. This information is also reviewed with each resident during the 10-day comprehensive PREA education session with the case manager at this facility.

All residents interviewed were aware of their right to contact the YWCA of Lancaster Sexual Assault Hotline to report sexual abuse. Residents interviewed were aware of the “Black Phone” and how it is used to report allegations of sexual abuse to the YWCA of Lancaster Sexual Assault Hotline. In addition, residents interviewed confirmed they that received this information through posters in their living units and around this facility, LCYC PREA pamphlet titled “What You Should Know About Sexual Abuse”, 10-day comprehensive PREA education, and monthly PREA education groups.

There are no residents placed at LCYIC solely for civil immigration purposes.

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

Staff interviewed were knowledgeable of the various ways residents and staff can report incidents of sexual harassment, sexual abuse, or retaliation. In addition, staff interviewed stated they would immediately document a verbal report by completing an Unusual Incident Report, notify the supervisor on shift or administrative staff, and contact the Pennsylvania Department of Human Services via the Childline Hotline to report the allegation. Staff interviewed also stated that they would complete a CY47 form prior to contacting the Pennsylvania Department of Human Services Childline Hotline.

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

	<p>these boxes on a daily basis.”</p> <p>Interviews with residents confirmed that they are educated on ways to report allegations of sexual abuse upon intake into this facility and during the 10-day comprehensive PREA education and monthly PREA education groups. In addition, the residents interviewed were able to note ways that they could report allegations of sexual abuse to the YWCA of Lancaster either in writing or by using the “Black Phone”. Residents also reported that the toll-free number and address to the YWCA of Lancaster is listed in the Resident Handbook, LCYIC PREA pamphlet titled “What You Should Know About Sexual Abuse”, and on posters posted throughout this facility. Staff interviewed also understood the ways a resident can privately report allegations of sexual abuse to the YWCA of Lancaster either by writing or calling the toll-free hotline.</p> <p>(e) LCYIC PREA Policy states, “Youth Intervention Center staff can privately report sexual abuse or harassment directly by contacting the Director or Training Coordinator via email, telephone, or voicemail. All reports will be treated with extreme confidentiality.”</p> <p>Interviews with staff confirmed that they were aware that they are permitted to privately report allegations of sexual abuse. All staff interviewed stated that they could report the allegation to an administrative staff at this facility or the Lancaster County Human Resources Office. In addition, staff interviewed stated that they are able to privately report allegations of sexual abuse to the Pennsylvania Department of Human Services through the Childline Hotline.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC PREA Pamphlet “What You Should Know About Sexual Abuse” 3. LCYIC Resident Handbook 4. Posters in Living Units <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff 3. Random Resident Interviews
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

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

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

Interviews with staff and residents confirmed that they are aware of the grievance policy. Both residents and staff understood that there is no time limit to submitting grievances alleging sexual abuse at this facility. Residents interviewed stated that they are educated on the grievance procedure during intake (during their first day at this facility), 10-day comprehensive PREA education with the case manager, and during monthly PREA education groups.

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

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

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

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

An interview with the Facility Director confirmed that any decision on grievances regarding sexual abuse would be made by LCYIC administrative staff and that decision would be shared with the resident who submitted the grievance within 7 calendar days.

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

LCYIC.

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

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

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

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

An interview with the Facility Director confirmed that if anyone at LCYIC received a grievance alleging sexual abuse, it would be treated as an Emergency Report. A Safety Plan would then be implemented, and a final decision would be made within 5 days of receiving the grievance.

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

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

An interview with the Facility Director confirmed that any resident who files a grievance alleging sexual abuse in good faith would not be disciplined regardless of the outcome of the grievance submitted.

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

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Grievance Policy 3. Review of Residents Files <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff 3. Random Resident Interviews
--	---

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “The Youth Intervention Center’s resident orientation manual provides the name and contact information for the following entities and encourages a resident to initiate contact with said entities if he or she is a victim of sexual abuse in order to report the abuse and access support services:</p> <ol style="list-style-type: none"> 1. YWCA of Lancaster 2. Prime Care Medical <p>The YWCA of Lancaster can be contacted on any Unit telephone or from the telephone located in the facility’s Hearing Room in order to report abuse or to seek support services.”</p> <p>The LCYIC PREA pamphlet titled “What You Should Know About Sexual Abuse” contains the telephone number and address for victim advocates from the YWCA of Lancaster. In addition to residents receiving a copy of the above-mentioned pamphlet, there are numerous posters posted throughout this facility with the telephone number and address to the YWCA of Lancaster. This information is available to residents in both English and Spanish and was reviewed by this auditor and noted during the tour of this facility.</p> <p>LCYIC also has a Memorandum of Understanding with the YWCA of Lancaster. This Memorandum of Understanding states that the YWCA of Lancaster will provide any victim of sexual abuse access to a victim advocate.</p> <p>LCYIC has a “Black Phone” located in each living unit that allows residents make private calls to the YWCA of Lancaster Sexual Assault Hotline. Each “Black Phone” has the telephone number to the YWCA of Lancaster Sexual Assault Hotline posted</p>

on them. This auditor called the telephone number posted on the “Black Phone” and confirmed that it was the telephone number to the YWCA of Lancaster Sexual Assault Hotline.

Interviews with residents confirmed that they are educated and aware of the services that are available to them in the event they were ever a victim of sexual abuse. Residents interviewed noted the address and telephone number to the YWCA of Lancaster is listed in the PREA pamphlet titled “What You Should Know About Sexual Abuse” and is noted on posters that are posted throughout this facility. In addition, residents interviewed were also aware of the “Black Phone” and how to use it to contact the YWCA of Lancaster.

(b) Residents interviewed were aware of the services available to them from the YWCA of Lancaster. Residents interviewed confirmed that they were educated that any correspondence with the YWCA of Lancaster is confidential and private. Residents stated during interviews that this information is provided to them during their intake, is listed in the PREA pamphlet titled “What You Should Know About Sexual Abuse”, is reviewed during monthly PREA education groups, and is listed on posters that are posted throughout this facility.

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

A Memorandum of Understanding is in place with the YWCA of Lancaster in accordance with this standard. This Memorandum of Understanding confirms each party’s responsibilities regarding this standard. The Facility Director discussed this Memorandum of Understanding and the advocacy services that are provided by the YWCA of Lancaster to any victims of sexual abuse at this facility.

This auditor was provided with a copy of the Memorandum of Understanding that is in place with the YWCA of Lancaster to confirm compliance with this standard.

This auditor contacted a representative from the YWCA of Lancaster, and she confirmed that the YWCA of Lancaster would provide confidential emotional support services to any victim of sexual abuse as noted in the Memorandum of Understanding.

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

Interviews with residents confirmed that any visits with their attorney would be in a private setting. Parents or legal guardians are permitted to visit on a weekly basis, and residents also receive telephone calls to family members on a weekly basis. All

	<p>residents interviewed confirmed that they receive weekly telephone calls to their families and can receive weekly visits with their family members (if the family is able to visit).</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC PREA Pamphlet “What You Should Know About Sexual Abuse” 3. Memorandum of Understanding with YWCA of Lancaster 4. PREA Posters <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Representative from YWCA of Lancaster 3. Random Resident Interviews
--	--

115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “Third party reports of sexual abuse and sexual harassment can be made as outlined in the “Youth Intervention Center Child Rights, Access to Grievance Procedures, Consent to Treatment and Responsibilities Form. Reports can also be submitted via email, telephone or voicemail to the Director or via the PREA Reporting box located in the facility’s Main Lobby. The Main Lobby PREA box will be checked by administrative staff on a daily basis during the week and by Detention and Shelter Supervisors on a daily basis on weekends and holidays.</p> <p>Third party reports can also be made to the following entities:</p> <ol style="list-style-type: none"> 1. Lancaster County Detectives or the Lancaster City Police; 2. Prime Care Medical; 3. YWCA of Lancaster; 4. PREA box located in the facility’s Main Lobby; 5. Facility’s website at www.lcyic.com” <p>LCYIC has established various methods to receive third-party reports of sexual abuse which include reporting forms located inside the LCYIC PREA Pamphlet titled “What You Should Know About Sexual Abuse”. These forms are accessible in the main lobby as well as on the facility website. These forms may be given directly to</p>

the Facility Director, trusted staff, or medical staff at this facility. These forms may also be placed in a "PREA Box" that is located in the main lobby. The "PREA Box" located in the main lobby is checked by the Facility Director daily.

This auditor was able to review LCYIC's website and confirmed that multiple methods to file a third-party report are posted on this website. In addition to being posted on the facility website, multiple methods to file a third-party report are posted in the main lobby and visiting area of this facility and were observed by this auditor during the tour of this facility.

All parents/legal guardians of any resident admitted to LCYIC receive a "Child Rights" letter which notes the resident's rights and various ways to report allegations of sexual abuse when the resident is admitted into this facility. The parent/legal guardian is then required to sign the letter acknowledging they understand it and received it and return it (either in person during a visit or through the mail).

Interviews with residents confirmed that they are aware of who third parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse on their behalf. All staff interviewed acknowledged that they would accept a third-party report of sexual abuse and respond in the same manner as if they had witnessed the abuse themselves. Staff interviewed stated that they would document the allegation on an Unusual Incident Report and report the allegation to the Pennsylvania Department of Human Services through the Childline Hotline, Lancaster County Detectives Unit, Lancaster City Police Department, and/or investigators at this facility for investigation.

During discussions with the Assistant County Solicitor and Facility Director, it was noted that Lancaster County is looking into developing a tab on the facility website that will allow individuals to make third party reports anonymously through the website in the near future.

There were no allegations of sexual abuse filed by residents or a third party at LCYIC during the past 12 months.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC Website
3. PREA Posters
4. LCYIC PREA Pamphlet "Sexual Assault Awareness and the Prison Rape Elimination Act"
5. LCYIC "Child Rights" Letter to Parents/Legal Guardians

Interviews:

1. Interviews with Randomly Selected Staff
2. Random Resident Interviews

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 542">(a) LCYIC PREA Policy states, “All Youth Intervention Center staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurs in the facility. This includes third party and anonymous reports. Reports are not contingent on persons, location, intent, neglect, performance or any other factors contributing to the incident.”</p> <p data-bbox="280 577 1442 1115">All staff interviewed were aware that any knowledge, suspicion, or information regarding an incident of sexual harassment or sexual abuse or information regarding an incident of sexual harassment, sexual abuse, staff neglect, or any violation of responsibilities that may have contributed to an incident or retaliation must be reported to the Pennsylvania Department of Human Services via the Childline Hotline for investigation as they are mandated reporters in the Commonwealth of Pennsylvania. All staff interviewed were aware that they must immediately contact the supervisor on shift to report any information related to sexual harassment or sexual abuse and report the allegation to the Pennsylvania Department of Human Services via the Childline Hotline. Staff also reported that they could report any allegations of sexual harassment, sexual abuse, neglect, or retaliation privately by contacting the Agency PREA Coordinator, an administrative staff, or the Pennsylvania Department of Human Services via the Childline Hotline.</p> <p data-bbox="280 1151 1423 1227">All staff at LCYIC are trained in mandatory reporting on an annual basis. Staff interviewed were able to discuss this training with this auditor during interviews.</p> <p data-bbox="280 1263 1461 1339">(b) LCYIC PREA Policy states, “All incidents fall under the mandated abuse reporting requirements outlined in the Pennsylvania Child Protective Services Law.”</p> <p data-bbox="280 1375 1471 1662">Pennsylvania Child Protective Services Law states “The CPSL requires any person who, in the course of employment, occupation, or practice comes into contact with children, to report when the person has reasonable cause to suspect on the basis of medical, professional or other training or experience, that a child, under the care, supervision, guidance, or training of that person or of an agency, institution, organization or other entity with which that person is affiliated, is a victim of child abuse.”</p> <p data-bbox="280 1697 1484 1984">All staff interviewed were aware of their responsibility to report any allegations of sexual abuse. The staff were able to describe their role as mandated reporters to this auditor during interviews and were aware of the Childline Hotline to make a report of sexual abuse. The staff noted that they could either submit an allegation of sexual abuse to the Childline Hotline either by calling the toll-free telephone number or by submitting the allegation electronically. In addition, staff noted allegations of sexual abuse would also be reported to the supervisor on shift.</p> <p data-bbox="280 2020 1442 2056">An interview with the Facility Director confirmed that all staff are trained to report</p>

any suspicions of child abuse to the Pennsylvania Department of Human Services via the Childline Hotline. It was reported that staff are also trained that if there is any uncertainty about whether to report, they should always be resolved in favor of making a report.

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

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

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

2 medical staff and 2 mental health staff were interviewed and confirmed that disclosure is provided to residents regarding the limitation of confidentiality and their duty to report at the initiation of treatment services. In addition, these staff stated that they are required to report any knowledge, suspicion, or information regarding any allegation of sexual abuse to the Pennsylvania Department of Human Services through the Childline Hotline immediately upon learning of the allegation. This information is also reported to the Lancaster County Detectives Unit, Lancaster City Police Department, and/or investigators at this facility for investigation. Staff interviewed were also able to discuss their role as mandated reporters during interviews and noted that this information is reviewed during an annual Mandated Reporter training that all staff at this facility are required to complete.

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

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

	<p>An interview with the Agency PREA Coordinator and Facility Director also confirmed that parents/legal guardians and contracting agencies (Juvenile Probation and/or Children & Youth) are immediately notified of any allegation of sexual abuse.</p> <p>(f) In addition to reporting an allegation of abuse to the Pennsylvania Department of Human Services through the Childline Hotline, all allegations of sexual harassment, sexual abuse, neglect, and retaliation are also reported to investigators at this facility, Lancaster County Detectives Unit, and/or Lancaster City Police Department for investigation.</p> <p>It should be noted; all staff (including medical staff and mental health staff) are trained to treat third party reports the same as if they witnessed the incident themselves when receiving a report from a third party.</p> <p>Interviews with the Facility Director and staff confirmed that they are aware of how to report an allegation of sexual abuse and were aware that all allegations of sexual abuse are investigated by investigators at this facility, Lancaster County Detectives Unit, and/or Lancaster City Police Department. The Facility Director was able to describe the reporting process as well as the investigative process once an allegation is referred to investigators at this facility, Lancaster County Detectives Unit, or Lancaster City Police Department for investigation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Pennsylvania Child Protective Services Law <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff 4. Interviews with Randomly Selected Staff
--	--

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident.”</p> <p>The Facility Director was interviewed regarding the protective action this facility</p>

	<p>takes when learning that a resident to subject to substantial risk of imminent sexual abuse. He reported that this facility would ensure steps are taken to remove the risk to the resident which could include separation of the resident from the potential abuser or making a living area change. The Facility Director stated that the safety of the resident is this facility's upmost priority.</p> <p>An interview with the Facility Director confirmed that all staff are expected to act immediately to separate the resident at risk from the potential abuser. In addition, he reported that a Safety Plan would be developed and implemented by an administrative staff or the supervisor on shift to ensure the safety of the resident at risk. This Safety Plan would include increased supervision/monitoring, separation from the potential abuser, and making a living unit and/or bedroom change if necessary.</p> <p>Staff interviewed stated that they would immediately separate the resident at risk from the potential abuser, report the incident to the supervisor on shift, and document the behaviors in an Unusual Incident Report. An administrative staff or the supervisor on shift would then develop a Safety Plan to ensure the safety of the resident at risk.</p> <p>There were no residents that the facility determined was subject to imminent risk of sexual abuse during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Randomly Selected Staff
--	---

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility, staff will immediately notify the Supervisor On-Duty. Childline will be contacted, and the appropriate office of the agency/facility where the sexual abuse is alleged to have occurred will be contacted and notified of the incident."</p> <p>An interview with the Facility Director confirmed the process that would be followed</p>

if this facility received an allegation that a resident was sexually abused while in another facility. He stated that there has not been a report in the last 12 months of any allegations of sexual abuse occurring to a resident while in another facility. This auditor also reviewed facility PREA Database to confirm that LCYIC did not receive any allegations that any residents were sexually abused while residing in another facility.

(b) LCYIC PREA Policy states, "Notification must occur within twenty-four (24) hours of receipt of the report."

An interview with the Facility Director confirmed that he understood the timeframe to notify the agency/facility where the alleged abuse occurred. After reviewing the PREA Database, it was confirmed that LCYIC did not receive any allegations that any residents were sexually abused while residing in another facility.

(c) LCYIC PREA Policy states, "An incident report will be written and filed that contains documented details of the notification."

An interview with the Facility Director confirmed that he would document any notification of alleged abuse on an Unusual Incident Report. He also stated an email would also be sent to the Facility Director/Agency Head of the facility where the alleged abuse occurred (after he contacted this person by telephone) to provide further documentation. In addition to documenting the allegation, the Facility Director stated that he would immediately report the allegation of abuse to the Pennsylvania Department of Human Services through the Childline Hotline (if the allegation occurred in a facility in Pennsylvania) for investigation. If the allegation occurred in a facility outside of Pennsylvania, he stated he would contact the proper investigative agency in the state where the allegation allegedly occurred.

d) LCYIC PREA Policy states, "Any report filed by another agency to the Youth Intervention Center will be investigated in the same manner as any other incident that pertains to sexual abuse within the facility."

The Facility Director was able to articulate what his responsibilities would be if he received an allegation from another facility that a resident was sexually abused while residing at LCYIC. He stated that he would immediately generate an Unusual Incident Report and CY47 Form and contact the Pennsylvania Department of Human Services through the Childline Hotline and the Lancaster County Detectives Unit, Lancaster City Police Department, and/or investigators at this facility to report the allegation for investigation. He stated that if the alleged abuser was still residing or employed at LCYIC, a Safety Plan would be developed and implemented to ensure the safety of all residents at this facility.

LCYIC did not receive any allegations/notifications from other facilities that any residents were sexually abused while residing at this facility during the past 12 months. This was confirmed by this auditor by reviewing the PREA Database.

Reviewed documentation to determine compliance:

	<ol style="list-style-type: none"> 1. LCYC PREA Policy 2. LCYIC PREA Database <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
--	--

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, "Upon learning of alleged sexual abuse of a resident, the first responder must take immediate steps to protect the victim by ensuring that the alleged victim and the alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:</p> <ol style="list-style-type: none"> 1. Initiating a unit transfer of other placement within the facility, or an administrative transfer to another facility or program; 2. Notifying medical staff for instructions regarding examination of the resident; 3. Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence; 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensuring that the alleged victim does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating; 5. Notifying the Director and providing a referral for the victim to the appropriate health care staff: During normal business hours, the Supervisor On-Duty will notify the Director or his designee and will immediately provide for the alleged victim's physical safety and ensure that the resident is promptly referred to health care staff; During evening and overnight shifts, the Supervisor On-Duty will notify the Director or his designee of the incident. The resident will be transported to a medical facility as directed by the on-call medical staff. 6. The Supervisor On-Duty will notify the appropriate law enforcement agency and follow all directives and recommendations of that agency. 7. Childline will be contacted." <p>Staff interviewed were able to articulate the steps that they would take as first responders. Their responses were consistent with the LCYIC PREA Policy. All staff</p>

	<p>confirmed that they have been trained in steps to take as a first responder in the event of an incident of sexual abuse at this facility. Staff's responses were consistent as all staff stated that they would separate the victim from the abuser, call for additional staff to report to the scene, secure the scene, report the incident to the supervisor on shift, and document the incident on an Unusual Incident Report.</p> <p>(b) LCYIC PREA Policy states, "If the first responder is not a Youth Care Worker, the responder will be required to request inform the victim to not take any action that could destroy physical evidence The responder should them immediately notify facility staff."</p> <p>Non-security staff interviewed were educated in their role as first responders and were able to articulate what they would be expected to do in the event they were the first responder to an incident of sexual abuse. They stated that they would immediately call for assistance so security staff would be able to report to the area of the incident and assist with securing the scene. Once security staff arrived at the scene, it was noted security staff would take control of the situation.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interviews with Randomly Selected Staff
--	---

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, "The facility will adhere to the steps listed in the previous section (Youth Care Worker First Responder Duties) upon learning of an alleged sexual abuse of a resident. The Director, in consultation with the appropriate law enforcement agency, will notify the following individuals/entities of the report:</p> <ol style="list-style-type: none"> 1. The victim's parents or guardians; 2. The placing agency (i.e. Juvenile Probation Department, Children & Youth Agency); 3. The Pennsylvania Department of Human Services through the HCSIS system; 4. The appropriate law enforcement agency; 5. YWCA of Lancaster; 6. Childline"

	<p>LCYIC has developed its own Coordinated Response Plan to respond to incidents of sexual abuse. This Coordinated Response Plan notes the roles of responders (administrative staff, direct care staff, medical staff, mental health staff, and investigators) when responding to incidents of sexual abuse. This auditor was able to review the LCYIC Coordinated Response Plan to confirm that this plan notes the roles of administrative staff, direct care staff, medical staff, mental health staff, and investigators. The plan is detailed and notes the roles of all staff at LCYIC. In addition, interviews with the Facility Director, direct care staff, medical staff, mental health staff, and investigators at this facility confirmed that each is knowledgeable of his/her responsibilities in responding to an incident of sexual abuse.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff 4. Interviews with Investigators 5. Interviews with Randomly Selected Staff
--	--

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a - b) LCYIC PREA Policy states, "The Youth Intervention Center does not have a collective bargaining unit. If this changes in the future, the facility will not renew or enter into a collective bargaining agreement that limits the ability of the facility to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted."</p> <p>LCYIC employees belong to the American Federation of State, County, and Municipal Employees Union (District Council 89). The current collective bargaining agreement runs from January 1, 2023, to December 31, 2025. This auditor was able to review this collective bargaining agreement and confirmed that it does not limit alleged sexual abusers to be removed from contact with residents pending the outcome of an investigation and a determination of discipline.</p>

	<p>An interview with the Facility Director confirmed that any time there is an allegation, a Safety Plan for the specific resident(s) is put in place that includes removing the staff from contact with the resident(s) by placing the staff on Administrative Leave until an investigation can be completed and determination is made.</p> <p>Reviewed Documentation to Determine Compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Collective Bargaining Agreement <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
--	---

115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “The Youth Intervention Center will protect all residents who report sexual abuse or harassment or cooperate with investigations from retaliation by other residents or staff members. The Youth Intervention Center administrators and supervisors will conduct monitoring to ensure these protections.”</p> <p>The case manager is responsible for retaliation monitoring of residents, and administrative staff (Facility Director and Shelter Director) are responsible for retaliation of staff at LCYIC. This auditor interviewed the case manager and Facility Director at this facility, and they confirmed that they are responsible for monitoring retaliation and have been educated on the signs of retaliation. They both stated that it is the expectation of this facility that any resident or staff who reports sexual abuse would be monitored for a period of 90 days (or until the allegation was determined to be Unfounded).</p> <p>(b) LCYIC PREA Policy states, “Measures to protect staff and residents will include, but are not limited to, the following:</p> <ol style="list-style-type: none"> 1. Initiating Unit transfers of both victims and alleged abusers; 2. Removing staff from contact with the victim (in accordance with Pennsylvania Department of Human Services §3800 regulations); 3. Providing emotional support services through YWCA of Lancaster and the County Employee Assistance Program (“EAP”); 4. Monitoring for any changes by staff or residents that suggest possible retaliation.”

The case manager responsible for monitoring the retaliation of residents at this facility was interviewed and stated that while monitoring retaliation when a resident makes a report, she would check in with the resident who made the allegation on a weekly basis. In addition, she stated that she would also review progress notes, behavior records, report cards, and educational reports.

The Facility Director responsible for monitoring the retaliation of staff at this facility was interviewed and stated that while monitoring retaliation when a staff member makes a report, he checks in with the staff who made the allegation on a regular basis. In addition, he stated that he would review employee attendance records, employee discipline, and employee evaluations.

The Facility Director and case manager interviewed both stated that retaliation monitoring is documented on a Retaliation Monitoring Log and they were able to describe this log and how it is utilized.

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

There were no allegations of sexual abuse at this facility during the past 12 months. Interviews with the Facility Director and case manager who monitors retaliation of residents confirmed that the administrative staff monitor staff who make a report of sexual abuse the case manager monitors residents who make a report of sexual abuse at this facility. Both reported that the expectation at LCYIC is that actions would be taken immediately to ensure the resident or staff were safe after making a report of sexual abuse and that any resident or staff who makes a report of sexual abuse would be monitored for at least 90 days or until an investigation of the allegation was completed and determined to be Unfounded.

The case manager stated that she would monitor a resident by completing weekly status checks for at least 90 days per policy and would document these status checks on the Retaliation Monitoring Log. She also reported that if the need arises, she would continue to complete status checks on the resident for longer than the 90-day requirement.

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

The case manager is responsible for retaliation monitoring of residents at LCYIC. This auditor interviewed the case manager who monitors retaliation, and she stated that she would monitor retaliation for a minimum of 90 days after a report of sexual abuse is reported or until an investigation is completed and determined to be Unfounded. In addition, the case manager was also able to describe what she would monitor when completing weekly status checks with a resident. She stated that her

weekly status checks, file reviews, incident report reviews, and/or housing change reviews for residents would be documented on the Retaliation Monitoring Log. This auditor was able to review the Retaliation Monitoring Log and confirmed that this form documents 90 days of retaliation monitoring. At the conclusion of the 90-day period, there is an option for the monitoring to be continued.

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

Interviews with the Facility Director and a case manager who monitors retaliation at LCYIC confirmed that appropriate measures would be taken to protect the resident and/or staff who make a report of sexual abuse at this facility. They stated that the safety of the residents and staff at this facility is paramount and that Safety Plans are developed to protect any individual who expresses fear of retaliation for making a report of sexual abuse at LCYIC.

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

The Facility Director and a case manager who monitor retaliation at LCYIC were interviewed and were aware that the facility's obligation to monitor retaliation would cease if the allegation was determined to be Unfounded following an investigation. They stated that they would note the date the allegation was determined to be Unfounded on the Retaliation Monitoring Log and would then file the completed Retaliation Monitoring Log in the resident's or staff member's file.

There were no allegations of sexual abuse at LCYIC during the past 12 months. Therefore, there was no documentation for this auditor to review.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Retaliation Monitoring Form

Interviews:

1. Interview with Facility Director
2. Interviews with Persons Responsible for Monitoring Retaliation

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>(a) The Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations prohibits the use of seclusion and/or isolation in all Pennsylvania residential facilities (including LCYIC).</p> <p>An interview with the Facility Director confirmed the prohibition of segregated housing for this purpose. During the tour of this facility, this auditor did not notice any places where a resident could be segregated or isolated. In addition, interviews with staff and residents at this facility also confirmed the prohibition of segregated housing.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations 2. Tour of Facility <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Random Staff Interviews 3. Random Resident Interviews
--	---

115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “Any report (direct, indirect, or via third party) received involving sexual abuse or sexual harassment will be reviewed by the Director in order to determine if the incident meets the minimum criteria under the guidelines established by PREA. The incident will be reviewed promptly, thoroughly, and objectively. If the minimum criteria are met, the matter will be turned over to the appropriate law enforcement agency.”</p> <p>All allegations of sexual abuse must be reported to the Pennsylvania Department of Human Services via the Childline Hotline and/or investigators at this facility. The Pennsylvania Department of Human Services will then notify the Lancaster County Detectives Unit and/or Lancaster City Police Department of the allegation if it is criminal in nature and the Lancaster County Detectives Unit and/or Lancaster City Police Department will take the lead on the investigation. The Lancaster County Detectives Unit and/or Lancaster City Police Department will work in conjunction with the Pennsylvania Department of Human Services during any criminal investigation at this facility.</p>

An interview with the Facility Director confirmed that all allegations of sexual abuse at LCYIC are immediately referred to the Pennsylvania Department of Human Services through the Childline Hotline and/or investigators at this facility. Criminal investigations are referred to the Lancaster County Detectives Unit and/or Lancaster City Police Department by the Pennsylvania Department of Human Services and/or investigators at this facility. Administrative investigations are completed by investigators at this facility.

(b) LCYIC PREA Policy states, "If the minimum criteria as met, the allegations shall be reported to the Lancaster County Detectives Unit who have been trained in sexual abuse investigations involving juvenile victims."

Criminal investigations are completed by the Lancaster County Detectives Unit and/or Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services. Administrative investigations are completed by investigators at this facility. If at any time during an administrative investigation, the allegation appears to be criminal in nature, then that allegation is referred to the Lancaster County Detectives Unit and/or Lancaster City Police Department. The Lancaster County Detectives Unit and/or Lancaster City Police Department will then conduct a criminal investigation in conjunction with the Pennsylvania Department of Human Services.

An interview with the Facility Director confirmed that any allegations of sexual abuse are immediately reported to the Pennsylvania Department of Human Services through the Childline Hotline and/or investigators at this facility for investigation. If the allegation is criminal in nature, the Pennsylvania Department of Human Services and/or investigators at this facility then refer the allegation to the Lancaster County Detectives Unit and/or Lancaster City Police Department for investigation. If the allegation is not determined to be criminal in nature, an administrative investigation is then completed by investigators at this facility.

Interviews with 2 investigators at this facility confirmed that they conduct administrative investigations at LCYIC. Both stated that if, at any point of the investigation, the allegation appears to be criminal in nature, the allegation is referred to the Lancaster County Detectives Unit and/or Lancaster City Police Department for investigation. All investigators at this facility completed the PREA investigator training titled "PREA: Investigating Sexual Abuse in a Confinement Setting" through the National Institute of Corrections. This auditor was provided with training records confirming that all investigators at this facility completed the above-mentioned PREA investigator training.

An interview with a representative from the Lancaster County Detectives Unit confirmed that investigators assigned to investigate criminal allegations of sexual abuse at LCYIC have completed training specific to juvenile sexual abuse victims.

(c) LCYIC PREA Policy states, "The Lancaster County Detectives Unit and/or Lancaster City Bureau of Police shall gather and preserve evidence; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior reports if any of sexual abuse involving the suspected perpetrator."

An interview with a representative from the Lancaster County Detectives Unit confirmed that a detective would report to the scene immediately after being notified of a report of sexual abuse. He stated that the detective would then gather and preserve direct and circumstantial evidence (including any available physical evidence and DNA evidence) from the scene if his agency was notified within 96 hours of the incident. The representative from the Lancaster County Detectives of Pennsylvania reported that the detective assigned to the case would also review the video from the video surveillance system at this facility and interview alleged victims, alleged perpetrators, and witnesses as part of the investigation.

Interviews with 2 investigators at this facility who complete administrative investigations also confirmed that investigators at this facility are trained to gather and preserve evidence, review the video surveillance system, and interview alleged victims, alleged perpetrators, and witnesses (staff on shift at the time of the alleged incident and other residents who may have witnessed the alleged incident) as part of their investigation.

(d) LCYIC PREA Policy states, "Investigators shall not terminate an investigation if the source of the allegation recants the allegation."

Interviews with 2 investigators at this facility and a representative from the Lancaster County Detectives Unit confirmed that investigations are not terminated because the source of the allegation recants the allegation. They noted that all reports of sexual abuse are investigated until a determination can be made.

(e) Criminal investigations are conducted by the Lancaster County Detectives Unit and/or Lancaster City Police Department. An interview with a representative from the Lancaster County Detectives Unit confirmed that whenever evidence supports criminal prosecution, he consults with the Lancaster County District Attorney to avoid obstacles to subsequent criminal prosecution.

(f) LCYIC PREA Policy states, "The determination of creditability 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 Intervention Center as a condition for proceeding with the investigation of the allegation."

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

(g) LCYIC PREA Policy states, "Upon completion of the investigation by the appropriate law enforcement agency, the entire incident will be reviewed by the Youth Intervention Center's administration. This incident review will determine whether staff actions or inactions contributed to the incident. This review will be

documented with incident assessments, including descriptions of physical evidence, testimony, and corrective actions.”

All investigation reports are completed by investigators at this facility (administrative investigations) and the Lancaster County Detectives Unit and/or Lancaster City Police Department (criminal investigations). At the completion of any criminal investigation, this facility conducts an administrative investigation and prepares an investigation report. The investigation report clearly notes whether the allegation was Substantiated, Unsubstantiated, or Unfounded.

There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment reported at LCYIC during the past 12 months. Investigators at this facility completed administrative investigations and 1 of the allegations was determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations was determined to be Unfounded (resident-on-resident sexual harassment).

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

There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment reported at LCYIC during the past 12 months. Investigators at this facility completed administrative investigations and 1 of the allegations was determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations was determined to be Unfounded (resident-on-resident sexual harassment). This auditor was provided with investigations reports and each report was detailed, documented the allegation, noted the determination, and included recommendations.

During an interview with a representative from the Lancaster County Detectives Unit, it was noted that all evidence is documented in a Criminal Complaint and Affidavit. There were no criminal investigations conducted at this facility during the past 12 months.

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

All substantiated allegations of sexual abuse are referred to the Lancaster County District Attorney’s Office for prosecution. This was confirmed during interviews with investigators at this facility and a representative from the Lancaster County Detectives Unit. There were no substantiated allegations of sexual abuse referred to

Lancaster County Detectives Unit and/or Lancaster City Police Department during the past 12 months at LCYIC.

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

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

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

Interviews with 2 investigators at this facility and a representative from the Lancaster County Detectives Unit confirmed that the departure of an alleged or abuser or victim from employment or control of this facility does not provide a basis for terminating an investigation.

There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment reported at LCYIC during the past 12 months. Investigators at this facility completed administrative investigations and 1 of the allegations was determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations was determined to be Unfounded (resident-on-resident sexual harassment).

There were no instances of the alleged perpetrator or alleged victim departing this facility while an investigation was being conducted during the past 12 months.

(l) LCYIC has Memorandums of Understanding with the Lancaster County Detectives Unit and Lancaster City Police Department noting the requirements of the PREA investigative standards during an investigation. The Facility Director has also formally asked the Lancaster County Detectives Unit and Lancaster City Police Department to comply with the PREA investigative standards. This was requested in formal letters to the Lancaster County Detectives Unit and Lancaster City Police Department. The letters were dated September 29, 2025. Copies of the Memorandums of Understanding and formal letters were provided to this auditor for review.

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

The Facility Director confirmed that he and administrative staff at LCYIC maintain contact with the Lancaster County Detectives Unit and/or Lancaster City Police Department during an open criminal investigation via telephone calls, emails, and on-site visits.

	<p>There was no criminal investigations conducted by the Lancaster County Detectives Unit and/or Lancaster City Police Department during the past 12 months at this facility.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Memorandum of Understanding with Lancaster County Detectives Unit 3. Formal Letter to Lancaster County Detectives Unit 4. Memorandum of Understanding with Lancaster City Police Department 5. Formal Letter to Lancaster City Police Department 6. Facility Investigators Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Investigators 3. Interview with Representative from Lancaster County Detectives Unit
--	--

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “The Youth Intervention Center will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”</p> <p>Administrative investigations are conducted by investigators at LCYIC. There are 2 investigators at this facility who are trained to complete administrative investigations. Both investigators at this facility completed an investigator through the National Institute of Corrections titled “PREA: Investigating Sexual Abuse in a Confinement Facility”. This auditor was provided with training records confirming that both investigators completed the investigator training.</p> <p>Interviews with both investigators at this facility confirmed that administrative investigations are conducted by investigators who have been trained to conduct sexual abuse investigations. Both investigators interviewed stated that no standard higher than the preponderance of evidence is used when determining whether allegations of sexual abuse are substantiated during an administrative investigation. Both investigators also understood the term preponderance of evidence and the difference between criminal investigations (which require proof beyond a reasonable doubt to convict) and administrative investigations (which only require preponderance of evidence to substantiate).</p>

	<p>Both investigators at this facility confirmed that a detailed investigation report is completed at the completion of any administrative investigation by the investigator(s) who completed the investigation. This investigation report notes interviews that were completed, circumstantial evidence collected during the investigation, if the allegation was determined to be Substantiated, Unsubstantiated, or Unfounded, and recommendations.</p> <p>There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment reported at LCYIC during the past 12 months. Investigators at this facility completed administrative investigations and 1 of the allegations was determined to be Substantiated (staff-on-resident sexual harassment), 4 of the allegations were determined to be Unsubstantiated (all resident-on-resident sexual harassment), and 1 of the allegations was determined to be Unfounded (resident-on-resident sexual harassment). This auditor was provided with investigation reports to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. Investigator Training Records 3. Investigation Reports <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency PREA Coordinator 2. Interviews with Investigators
--	--

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “Any resident who makes an allegation of sexual abuse will be informed verbally and in writing as to whether or not the allegation was substantiated, unsubstantiated, or unfounded by the appropriate law enforcement agency. The resident and his or her parent or guardian will also be provided with regular updates and status reports pertaining to the investigation.”</p> <p>All investigations of sexual abuse are completed by the Lancaster County Detectives Unit and/or Lancaster City Police Department in conjunction with the Pennsylvania Department of Human Services (criminal investigations) and investigators at this facility (administrative investigations). It was noted during an interview with the Facility Director that all residents are notified of a determination following an investigation by the Facility Director or case manager at this facility. This notification</p>

is documented on a PREA Determination Notification Letter.

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

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

An interview with the Facility Director confirmed that criminal investigations are completed by the Lancaster County Detectives Unit and/or Lancaster City Police Department. He reported that he would request relevant information from the Lancaster County Detectives Unit and/or Lancaster City Police Department to notify the resident of the determination of a criminal investigation.

Administrative Investigations at LCYC are completed by investigators at this facility. An interview with the Facility Director confirmed that the alleged resident victim is notified of the outcome of any investigation by the Facility Director or case manager and that this notification is documented on a PREA Determination Notification Letter. The PREA Determination Notification Letter documents the resident's name, date of notification, staff who notified the resident, and determination of the investigation (Unfounded, Unsubstantiated, or Substantiated). The signed PREA Determination Notification Letter is then placed in the resident's file.

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

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

An interview with the Facility Director confirmed that when a resident makes an allegation of sexual abuse against a staff member at this facility, a Safety Plan is implemented to keep the residents safe. In addition, the staff that the allegation was made against is removed from the resident's living unit and/or placed on Administrative Leave depending on the circumstances of the allegation. Any resident who makes an allegation of staff-on-resident sexual abuse is notified if/when the staff is no longer posted on that resident's living unit. The Facility Director also confirmed that any resident who makes an allegation of sexual abuse is informed of any developments regarding the alleged perpetrator during an investigation.

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

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

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

An interview with the Facility Director confirmed that any resident who makes an allegation of sexual abuse against another resident is informed of any developments regarding the alleged perpetrator during an investigation as noted in the LCYIC PREA Policy.

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

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

An interview with the Facility Director confirmed that at the completion of any investigation, the resident who made the report meets with the Facility Director or case manager at this facility to learn the determination of the investigation. The notification is then documented on a PREA Determination Notification Letter. The resident signs the PREA Determination Notification Letter to document that the resident was notified of the determination. The process described by the Facility Director was consistent with the LCYIC PREA Policy.

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

(f) During an interview with the Facility Director, he was aware that LCYIC’s obligation to report terminates if the resident is released from this facility. There were no instances where a resident who made a report of sexual abuse was released from this facility prior to the completion of an investigation during the past 12 months.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. PREA Determination Notification Letter

Interviews:

1. Interview with Facility Director

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) LCYIC PREA Policy states, "The Youth Intervention Center has zero tolerance for any staff member that violates this policy as it pertains to sexual abuse or harassment. Staff will be subject to disciplinary action, up to and including termination, for violating the facility's sexual abuse or sexual harassment policies."

An interview with the Facility Director confirmed that any staff at LCYIC will be subject to disciplinary sanctions, up to and including termination, for violation of the LCYIC PREA Policy referring to incidents of sexual abuse.

There were no staff disciplined for violation of the LCYIC PREA Policy referring to sexual abuse during the past 12 months at LCYIC. However, it was noted that there was 1 staff terminated for violation of the LCYIC PREA Policy for sexually harassing a resident during the past 12 months at this facility.

(b) LCYIC PREA Policy states, "Any staff engaging in sexual abuse or harassment of residents, or that has engaged in sexual abuse of residents in the past, will be terminated."

There was 1 staff terminated for violating the LCYIC PREA Policy after it was determined, following an investigation, that this staff sexually harassed a resident during the past 12 months at LCYIC. During an interview with the Facility Director, it was confirmed that termination is the presumptive discipline for any staff who violates the LCYIC PREA Policy by sexually abusing or sexually harassing a resident at this facility.

(c) LCYIC PREA Policy states, "Disciplinary action for violations of this policy other than engaging in sexual abuse or harassment will be commensurate with the nature and circumstances of the act committed and will be issued as outlined in the Lancaster County Human Resources Department's policies and procedures. Sanctions will be imposed based on the incident level, disciplinary history and past precedent of sanctions implemented at the facility for similar occurrences."

During the past 12 months, there was 1 staff terminated for violation of the LCYIC PREA Policy regarding sexual harassment or sexual abuse. This was confirmed during an interview with the Facility Director. The Facility Director also confirmed discipline for any staff who violates the LCYIC PREA Policy without actually engaging in sexual abuse would be commensurate of the nature and circumstances of the act committed, the staff's disciplinary history, and sanctions imposed for comparable offenses committed by staff with similar histories (termination is the presumptive action for any staff who violate the LCYIC PREA Policy by sexually harassing a resident at this facility).

(d) LCYIC PREA Policy states, "All terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violation of these policies, will be reported to the appropriate law enforcement."

There were no staff reported to the Lancaster County Detectives Unit and/or Lancaster City Police Department for violation of the LCYIC PREA Policy during the past 12 months at LCYIC. This was confirmed during interviews with the Facility

	<p>Director and a representative from the Lancaster County Detectives Unit.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interview with Representative from Lancaster County Detectives Unit
--	--

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “The Youth Intervention Center has zero tolerance for any contractor or volunteer who engages in sexual abuse or sexual harassment. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Any contractor or volunteer that engages in such activity will be banned from access to the facility. The matter will also be referred for investigation to the appropriate law enforcement agency.”</p> <p>There were no contracted staff or volunteers reported to law enforcement for engaging in sexual harassment or sexual abuse of residents during the past 12 months at LCYIC. This was confirmed during interviews with the Director, investigators at this facility, and a representative from the Lancaster County Detectives Unit.</p> <p>(b) The Facility Director stated that in the event of a report of sexual harassment or sexual abuse against a contracted staff or volunteer, LCYIC would immediately remove the contracted staff or volunteer from this facility, contact the Lancaster County Detectives Unit, Lancaster City Police Department, and/or investigators at this facility to initiate an investigation, and would not allow the contracted staff or volunteer to return until the completion of an investigation.</p> <p>There were no reported instances of sexual harassment or sexual abuse by any contracted staff or volunteers approved to enter this facility during the past 12 months.</p> <p>Reviewed documentation to determine compliance:</p>

	<p>1. LCYIC PREA Policy</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Investigators 3. Interview with Representative from Lancaster County Detectives Unit
--	--

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “Residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.”</p> <p>During the past 12 months, there were no findings of guilt for resident-on-resident sexual abuse that occurred at LCYIC. This was confirmed during interviews with the Facility Director, investigators at this facility, and a representative from the Lancaster County Detectives Unit.</p> <p>(b) The Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations prohibits isolation of residents. As a result, isolation is not used at this facility and there were no incidents of residents being placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse during the past 12 months at LCYIC. This auditor was able to interview the Facility Director, staff, and residents who all confirmed that isolation is not used at this facility.</p> <p>(c) LCYIC PREA Policy states, “Sanctions will take into consideration the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed at the facility under similar circumstances.”</p> <p>Interviews with the Director and members of the Sexual Abuse Incident Review Team confirmed that a resident’s mental health would be considered when discipline is imposed for incidents of sexual abuse. In addition, it was noted that the resident’s mental health diagnosis is reviewed and considered during all Sexual Abuse Incident Reviews following a Substantiated or Unsubstantiated determination to ensure appropriate discipline was imposed. It was noted that disciplinary sanctions include loss of level, loss of privileges in this facility, and/or removal from this facility. If the allegation is criminal in nature, the Lancaster County Detectives Unit and/or Lancaster City Police Department would be responsible for filing charges through the Lancaster County District Attorney’s Office.</p>

(d) Interviews with 2 mental health staff confirmed that mental health services would be offered for any resident found to have engaged in resident-on-resident sexual abuse. The mental health staff interviewed confirmed that the resident's participation in therapy sessions is not always required as a condition of access to reward-based incentives.

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

This auditor interviewed the Facility Director who confirmed that a resident would only be disciplined for sexual contact with a staff upon finding the staff did not consent to the sexual contact.

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

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

An interview with the Facility Director confirmed that residents are not disciplined for reports of sexual abuse made in good faith, even if the investigation did not establish sufficient evidence to substantiate the allegation.

There were no residents disciplined for making a report of sexual abuse in bad faith at LCYIC during the past 12 months.

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

An interview with the Facility Director confirmed that all sexual activity between residents is prohibited at LCYIC. This is also noted in the Resident Handbook that all residents received upon intake into this facility.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Pennsylvania Department of Human Services Chapter 3800 Child Care Regulations
3. LCYIC Resident Handbook

Interviews:

1. Interview with Facility Director
2. Interviews with Medical Staff

	<ul style="list-style-type: none"> 3. Interviews with Mental Health Staff 4. Interviews with Investigators 5. Interview with Representative from Lancaster County Detectives Unit
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “Any resident who indicates during the initial health and safety assessment that they were a victim of sexual assault or sexual harassment while previously at the Youth Intervention Center, other institution, or in the community will be offered a follow up meeting with Prime Care medical staff or YWCA of Lancaster within fourteen (14) days of admission to the facility.”</p> <p>During the past 12 months, there were 25 residents admitted into LCYIC who disclosed prior sexual victimization during the administration of the Vulnerability Assessment Instrument at intake. This auditor interviewed the Facility Director, medical staff, mental health staff, and a staff who administers the Vulnerability Assessment Instrument during the on-site portion of the audit, and they confirmed the referral process once a resident discloses prior sexual victimization. This auditor was also able to review completed Vulnerability Assessment Instruments for 5 randomly selected residents who disclosed prior sexual victimization. These completed Vulnerability Assessment Instruments contained documentation confirming that each resident was offered a follow up meeting with a medical staff and/or mental health staff within 14 days of the resident disclosing prior sexual victimization on the Vulnerability Assessment Instrument.</p> <p>Interviews with 4 residents who disclosed prior sexual victimization on the Vulnerability Assessment Instrument confirmed that they were offered a follow up meeting with a medical staff and a mental health staff within 14 days of being administered the Vulnerability Assessment Instrument.</p> <p>(b) LCYIC PREA Policy states, “Any resident who indicates during the initial health and safety assessment that they were a perpetrator of sexual assault or sexual harassment while previously at the Youth Intervention Center, other institution, or in the community will be offered a follow up meeting with Prime Care medical staff or YWCA of Lancaster within fourteen (14) days of admission to the facility.”</p> <p>During the past 12 months, there were 6 residents admitted into LCYIC who reported previously perpetrating sexual abuse during the administration of the Vulnerability Assessment Instrument. This auditor interviewed the Facility Director, mental health staff, and a staff who administers the Vulnerability Assessment during the on-site portion of this audit, and they confirmed the referral process for any</p>

residents who previously perpetrated sexual abuse. This auditor was also able to review the completed Vulnerability Assessment Instruments for 5 randomly selected residents who previously perpetrated sexual abuse. These completed Vulnerability Assessment Instruments contained documentation confirming that each resident was offered a follow up meeting with a mental health staff within 14 days of the resident disclosing previously perpetrating sexual abuse on the Vulnerability Assessment Instrument.

There were no residents who reported previously perpetrating sexual abuse on the Vulnerability Assessment Instrument residing at LCYIC during the on-site portion of this audit. Therefore, there were no residents for this auditor to interview.

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

Interviews with the Facility Director, medical staff, mental health staff, and a staff who administers the Vulnerability Assessment Instrument confirmed that any information from the Vulnerability Assessment Instrument is limited to administrative staff, supervisors, case manager, medical staff, and mental health staff. It was noted that any information from the Vulnerability Assessment Instrument relayed to direct care staff is done so only for safety and security reasons and this information is documented in a Safety Plan to ensure the safety of the resident(s). This auditor was able to review communication to staff to confirm that information from the Vulnerability Assessment Instrument is relayed to staff for safety and security reasons only.

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

During interviews with medical staff, mental health staff, intake staff, and a staff who administers the Vulnerability Assessment Instrument, it was noted that they are mandated reporters in the Commonwealth of Pennsylvania and are required by law to report any information they receive from a resident relating to sexual abuse. All staff interviewed confirmed that they inform the resident upon intake of their reporting duties.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. Completed Vulnerability Assessment Instruments
3. Medical/Mental Health Follow Up Referral Forms
4. Safety Plans

	<p>5. Resident Files</p> <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff 4. Interviews with Intake Staff 5. Interview with Staff That Performs Screening for Risk of Victimization and Abusiveness 6. Interviews with Resident who Disclosed Prior Victimization during Initial Screening
--	---

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “Victims of sexual abuse must receive immediate medical treatment and crisis intervention services provided by Prime Care Medical and YWCA of Lancaster. Facility policy will also be followed to protect the resident, and if required, transport of the resident to Lancaster General Hospital.”</p> <p>LCYIC has a Memorandum of Understanding in place with Lancaster General Hospital to have a forensic examination completed by a SANE. In addition, this facility has a Memorandum of Understanding with the YWCA of Lancaster to provide emotional support and advocacy services. These services are provided at no cost to the victim. The Memorandums of Understanding with Lancaster General Hospital and the YWCA of Lancaster were provided to this auditor for review. In addition, this auditor contacted a representative from Lancaster General Hospital to confirm that resident victims of sexual abuse at LCYIC receive the services noted in the Memorandum of Understanding.</p> <p>There were no residents at LCYIC who reported sexual abuse involving penetration during the past 12 months. Therefore, there were no residents referred to Lancaster General Hospital for a forensic examination.</p> <p>(b) All staff at LCYIC are trained annually in their responsibilities to protect any victims of sexual abuse and to preserve evidence. Staff interviewed during the on-site portion of this audit were able to discuss their responsibilities if they are the first responder to an allegation of sexual abuse. Staff interviewed also stated that they would immediately separate the alleged victim from the alleged perpetrator, secure the scene, contact the supervisor on shift, and document the incident in an Unusual Incident Report. The supervisor on shift would then notify the Facility</p>

Director and will notify the medical staff to arrange for the alleged victim to be transported to Lancaster General Hospital for a forensic examination.

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

This auditor was able to interview 2 medical staff at LCYIC who both confirmed that any resident victim of sexual abuse would be offered information and timely access to emergency contraception and sexually transmitted diseases while at Lancaster General Hospital and during follow up appointments with medical staff at this facility.

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

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

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

This auditor was able to interview the Facility Director, 2 medical staff, and a representative from Lancaster General Hospital who all confirmed that any victim of sexual abuse would be referred to Lancaster General Hospital and receive medical and mental health treatment at no cost to the victim.

Reviewed documentation to determine compliance:

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

Interviews:

1. Interview with Facility Director
2. Interviews with Medical Staff
3. Interview with Representative from Lancaster General Hospital
4. Interview with Representative from YWCA of Lancaster

115.383

Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Interviews with the Facility Director, medical staff, and mental health staff confirmed that all residents admitted to LCYIC meet with a medical staff for a medical assessment and a mental health staff for a mental health assessment. It was noted that these assessments are completed during the residents' first week at this facility.

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

Interviews with medical staff and mental health staff confirmed that all residents admitted to LCYIC meet with a medical staff and a mental health staff during their first week at this facility. If a resident victim of sexual abuse was released from this facility, a referral would be made immediately for community-based services and recommendations would include specific follow-up services.

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

Interviews with medical staff and mental health staff confirmed that the services offered to residents at LCYIC are consistent with the community level of care. The medical staff and mental health staff interviewed stated that residents have immediate access to medical staff and mental health staff while they are residing at this facility.

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

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

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

Interviews with the Facility Director and medical staff confirmed that any resident who would become pregnant as a result of sexual abuse at this facility would receive timely and comprehensive information about all pregnancy-related medical

	<p>services available to them during follow up services provided at this facility.</p> <p>(f) LCYIC PREA Policy states, “Any resident who is a victim of sexual abuse while at the Youth Intervention Center will be offered STD testing through Prime Care Medical as is medically appropriate.”</p> <p>Interviews with the Facility Director and medical staff confirmed that any resident who is a victim of sexual abuse at LCYIC would be offered timely follow-up for sexually transmitted diseases during follow-up services provided at this facility. This would occur if the victim were tested at Lancaster General Hospital or not.</p> <p>(g) LCYIC PREA Policy states, “All treatment services are provided to the victim without cost to victim, parent, or guardian.”</p> <p>Interviews with the Facility Director, medical staff, and mental health staff confirmed that treatment services are offered to any victim of sexual abuse regardless of if they named the abuser or cooperated with the investigation.</p> <p>(h) LCYIC PREA Policy states, “All resident-on-resident abusers will be subjected to a mental health examination within sixty (60) days of the facility learning of such history of abusive conduct and will be offered treatment where mental health practitioners deem appropriate.”</p> <p>Interviews with the Facility Director and 2 mental health staff confirmed that all known resident-on-resident abusers would receive a mental health evaluation within 60 days of their arrival. This includes any residents who have a history of resident-on-resident abuse at past residential facilities.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Medical Staff 3. Interviews with Mental Health Staff
--	--

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a - b) LCYIC PREA Policy states, “The Youth Intervention Center will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation

regardless of outcome within thirty (30) days of receiving the report from the investigating law enforcement agency.”

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

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

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

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

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

LCYIC documents Sexual Abuse Incident Reviews on a Sexual Abuse Incident Review form. All requirements listed in this standard are reviewed and considered by the Sexual Abuse Incident Review Team at this facility.

The Facility Director reported that the Sexual Abuse Incident Review Team consists of the Facility Director, Director of the program where the incident occurred, case manager, medical staff, mental health staff, and investigators at this facility. 3 members of the Sexual Abuse Incident Review Team were interviewed and were able to describe the review process that takes place when an allegation of sexual abuse is investigated and determined to be either Substantiated or Unsubstantiated. They all stated that the Sexual Abuse Incident Review Team convenes within 30 days upon the completion of an investigation for any Substantiated or Unsubstantiated allegations. Sexual Abuse Incident Reviews are

	<p>headed by the Facility Director.</p> <p>There were no allegations of sexual abuse at LCYIC during the past 12 months. Therefore, there were no Sexual Abuse Incident Reviews conducted during that time.</p> <p>Any Sexual Abuse Incident Reviews and findings are incorporated into the LCYIC Annual PREA Report by the Facility Director and submitted to the Agency Head before its dissemination on the facility website.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. PREA Sexual Abuse Incident Review Form Template <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director 2. Interviews with Incident Review Team Members
--	--

115.387	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “The Youth Intervention Center will collect information related to the purposes outlined at the beginning of this policy in order to help the facility reduce the risk that sexual abuse and/or sexual harassment occurring within the facility. This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports.”</p> <p>The Facility Director confirmed that he collects uniform data for all allegations of sexual harassment and sexual abuse and enters this data into the PREA Database. In addition, this auditor was able to review the PREA Database to confirm compliance. There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment during the past 12 months that were noted in the PREA Database.</p> <p>(b) LCYIC PREA Policy states, “The data shall be collected, reviewed annually, and maintained from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.”</p> <p>The Facility Director is responsible for gathering data on each reported incident of sexual harassment and sexual abuse to aggregate an annual report. This auditor</p>

was able to review the 2024 LCYIC Annual PREA Report. This Annual PREA Report provided in-depth information regarding PREA implementation at this facility. The Annual PREA Report noted statistics, definitions, and a comparison of statistics from previous years.

(c) LCYIC PREA Policy states, "This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports."

This auditor was able to review the PREA Database and confirmed that this database contains all allegations of sexual harassment and sexual abuse for each calendar year. The information captured in the PREA Database includes the data necessary to complete the Department of Justice Survey of Sexual Victimization when requested.

(d) LCYIC PREA Policy states, "The Youth Intervention Center will collect information related to the purposes outlined at the beginning of this policy in order to help the facility reduce the risk that sexual abuse and/or sexual harassment occurring within the facility. This data will include, at a minimum, data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice and will be compiled into monthly and annual reports."

During an interview with the Facility Director, this auditor confirmed that LCYIC utilizes data collected from incident reports, investigation files, and incident reviews on the PREA Database. This information is then used to formulate this facility's PREA Annual Report each year. This auditor was able to review the PREA Database and there were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment during the past 12 months listed on the PREA Database.

(e) This substandard is not applicable to LCYIC as the facility does not contract with private facilities for the confinement of its residents.

(f) LCYIC PREA Policy states, "The Youth Intervention Center will provide such data to the Department of Justice from the previous year no later than June 30 of each calendar year."

The Facility Director is responsible for providing all data to the United States Department of Justice from the previous calendar year upon request no later than June 30. During the past 12 months, the Department of Justice requested LCYIC to submit the Survey of Sexual Violence. This auditor requested and received a copy of the 2023 Survey of Sexual Violence that was submitted to the Department of Justice to review to confirm compliance with this standard.

Reviewed documentation to determine compliance:

1. LCYIC PREA Policy
2. LCYIC PREA Database

	<ol style="list-style-type: none"> 3. 2024 LCYIC Annual PREA Report 4. 2023 United States Department of Justice Survey of Sexual Victimization 5. LCYIC Website <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
--	---

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC PREA Policy states, “The Youth Intervention Center will review all data collected pursuant to this policy in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:</p> <ol style="list-style-type: none"> 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis; 3. Preparing an annual report of its findings and corrective actions for the facility.” <p>This auditor interviewed the Facility Director, and he stated that he reviews data collected and aggregated to assess and improve the effectiveness of this facility’s prevention, detection, and response policies and trainings. He stated that this facility ensures that the data collected is securely retained in the PREA Database. The Facility Director confirmed that he and administrative staff at this facility are the only persons with access to the PREA Database.</p> <p>There were 5 allegations of resident-on-resident sexual harassment and 1 allegation of staff-on-resident sexual harassment during the past 12 months listed on the PREA Database.</p> <p>(b) LCYIC PREA Policy states, “The annual report prepared by the facility must include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the facility’s progress in addressing sexual abuse.”</p> <p>LCYIC completes an annual report which details statistics of reported allegations of sexual harassment and sexual abuse. This annual report includes a comparison of the current year’s data and corrective actions with those from prior years. This auditor was able to review the 2024 LCYIC Annual PREA Report and confirmed that</p>

	<p>this report contained the above-mentioned data, comparisons, and corrective actions. This annual report is posted on the facility website.</p> <p>(c) LCYIC PREA Policy states, “The report will be made readily available to the public on the Youth Intervention Center’s website.”</p> <p>The LCYIC Annual PREA Report is approved by the Agency Head and made available to the public through the facility’s website. This was confirmed during interviews with the Agency Head and Facility Director and by reviewing the facility website.</p> <p>(d) The 2024 Annual PREA Report is posted on the facility website and was reviewed by this auditor. It was confirmed that specific material/information has been redacted from this report. The Agency Head and Facility Director were interviewed and both stated that any information that would present clear and specific threats to the safety and security of the program is redacted from the annual report.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Website 3. 2024 LCYIC Annual PREA Report 4. LCYIC PREA Database <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Agency Head 2. Interview with Facility Director
--	--

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>(a) LCYIC PREA Policy states, “All data collected pursuant to this policy will be securely retained.”</p> <p>The Facility Director confirmed that LCYIC takes corrective action on an on-going basis utilizing the data collected. This corrective action was noted in the 2024 LCYIC Annual PREA Report that was prepared by the Agency PREA Coordinator and approved by the Agency Head.</p> <p>(b) LCYIC PREA Policy states, “All sexual abuse data will made available to the public on the Youth Intervention Center’s website in the annual report.”</p> <p>LCYIC makes all aggregated sexual abuse data readily available to the public on the</p>

	<p>facility website. This facility’s Annual PREA Report is reviewed and approved by the Agency Head and made available to the public through the facility website. The 2024 LCYIC Annual PREA Report is posted on the facility website and was reviewed by this auditor to confirm compliance with this standard.</p> <p>(c) LCYIC PREA Policy states, “All personal identifiers will be removed as required by the Pennsylvania Juvenile Act and the Child Protective Services Law.”</p> <p>This auditor was able to review the 2024 LCYIC Annual PREA Report to confirm that all personal identifiers were removed prior to posting on the facility website. The Facility Director confirmed that all personal identifiers are removed from the Annual PREA Report prior to posting on the facility website.</p> <p>(d) LCYIC PREA Policy states, “All data collected will be maintained no less than ten (10) years from the initial date of collection.”</p> <p>The Facility Director confirmed that LCYIC maintains sexual abuse data collected for at least 10 years on the PREA Database. This auditor was also able to view the PREA Database to confirm compliance with this standard.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC PREA Policy 2. LCYIC Website 3. 2024 LCYIC Annual PREA Report 4. LCYIC PREA Database <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Facility Director
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) LCYIC was audited during the second year of the first three-year PREA cycle (audited on October 27 – 29, 2014 and was found to be fully compliant on November 26, 2014), during the first year of the second three-year PREA cycle (audited on October 24 – 25, 2016 and was found to be fully compliant on January 17, 2017), during the first year of the third three year PREA cycle (audited on October 21 – 22, 2019 and was found to be fully compliant on December 3, 2019), and during the first year of the fourth three year PREA cycle (audited October 17 -18, 2022 and was found to be fully compliant on November 20, 2022). These audit</p>

	<p>reports are posted on the facility website. This re-audit occurred during the first year of the fifth three-year PREA cycle on October 5 - 6, 2025.</p> <p>(b) LCYIC has met this standard by being audited during the first, second, third, and fourth 3-year PREA cycles.</p> <p>(h) This auditor had unimpeded access to all areas of LCYIC during the on-site portion of this audit. The Facility Director accompanied this auditor on the tour of this facility. All areas in which residents have access were toured.</p> <p>(i) This auditor received all requested documentation from the Facility Director in a timely fashion throughout the audit process.</p> <p>(m) This auditor was provided with a private area to conduct interviews with both residents and staff during the on-site portion of this audit.</p> <p>(n) PREA Audit notifications in both English and Spanish were posted in all housing units, visiting areas, and the facility lobby at least 6 weeks prior to the on-site portion of this audit (posted on August 11, 2025). An address was provided on these notifications for the residents to be able to send confidential correspondence to this auditor. Dated photographs were emailed to this auditor to confirm the notifications were posted in the above-mentioned areas of this facility. This auditor did not receive any correspondence from any residents, staff, contracted staff, or volunteers.</p> <p>Reviewed documentation to determine compliance:</p> <ol style="list-style-type: none"> 1. LCYIC Pre-Audit Questionnaire 2. PREA Audit Notifications (English and Spanish) 3. Photographs of PREA Audit Notifications 4. Tour of Facility 5. LCYIC Website
--	---

115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(f) This auditor confirmed that LCYIC has published the Final Audit Reports from the first, second, third, and fourth PREA cycles on the facility website.</p> <p>This audit report notes that this facility’s policies and procedures comply with the relevant PREA standards. This audit report also describes the methodology, sampling sizes, and basis for this auditor’s conclusions regarding each standard. Any personally identifiable resident or staff information was redacted from this</p>
----------------	--

report.

Reviewed documentation to determine compliance:

1. LCYIC Website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes