

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: April 2016

Auditor Information			
Auditor name: Karla Vierthaler			
Address: 215 N 19 th Street, Camp Hill PA 17011			
Email: kbreev@gmail.com			
Telephone number: 717-433-1702			
Date of facility visit: September 23-25, 2015			
Facility Information			
Facility name: The ACT Camp			
Facility physical address: 1795 State Route 903, Jim Thorpe, PA 18229			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 570-325-4352			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Louis Kassa			
Number of staff assigned to the facility in the last 12 months: 52			
Designed facility capacity: 56			
Current population of facility: 43			
Facility security levels/inmate custody levels: staff secure			
Age range of the population: 12-20 years old			
Name of PREA Compliance Manager: Kris Caffier		Title: Director of Clinical Services	
Email address: kcaffier@youthservicesagency.org		Telephone number: 484-221-0648	
Agency Information			
Name of agency: Youth Services Agency			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1795 State Route 903, Jim Thorpe, PA 18229			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 570-325-2020			
Agency Chief Executive Officer			
Name: Louis Kassa		Title: Chief Executive Officer	
Email address: lkassa@youthservicesagency.org		Telephone number: 215-783-6205	
Agency-Wide PREA Coordinator			
Name: Jamie Dawson		Title: YSA Nature Center Director and Senior Manager	
Email address: jdawson@youthserviesagency.org		Telephone number: 267-688-3807	

AUDIT FINDINGS

NARRATIVE

The audit of Youth Services Agency's ACT Camp facility was conducted September 22-25, 2015 to determine compliance with the 2012 Prison Rape Elimination Act (PREA) standards. The audit was completed by Karla Vierthaler, certified PREA auditor. The auditor previously reviewed the pre-audit questionnaire, electronic files, and other supporting documents previously submitted electronically and via mail. The documentation required by the PREA standards is complete, and was received before, during, and after the audit.

The agency has an excellent and thorough PREA Policy. It has also documented the necessary actions around staff training, resident training, notifications, incident reviews, and other PREA related incidences. During the visit, the auditor interviewed 21 staff and contractors and eleven residents. All interviews showed that staff and residents are aware of PREA. Staff all reported being properly trained on the policies around PREA and their reporting requirements. Residents reported feeling safe, and all knew how to report if necessary. Residents and staff who were interviewed were selected at random from different shifts, roles and units the day the auditor arrived at the ACT Camp. All interviewees were offered the opportunity to opt out of the interview; only one staff member chose not to participate. The auditor also completed a site review of the camp facility and other locations where residents have access—the bakery and animal sanctuary.

During the correctional period, the ACT continued to screen, educate, and inform residents of their rights under PREA. They also were able to complete their annual reviews and surveys related to PREA and post them on the YSA website. These were the areas where they had not been in compliance, and after demonstrating the “institutionalization” of these PREA policies during the correctional period, the ACT Camp is in compliance.

The ACT Camp and all the staff the auditor interviewed and interacted with are committed to the safety and the creation of an environment that prioritizes positive life changes in residents. It was clear that PREA was considered another tool to improve service provision by the agency.

DESCRIPTION OF FACILITY CHARACTERISTICS

The ACT Camp is a program of Youth Services Agency (YSA) located in Jim Thorpe, Pennsylvania. YSA is a private, non-profit corporation who provides a range of services for at-risk youth in the Juvenile Justice Systems within Pennsylvania and the surrounding mid-Atlantic region. Their mission is to maintain at-risk youth in their families and communities, when possible, and to help these youth become responsible and functional members of their communities.

The ACT Camp is a staff-secure facility designed currently to house 56 male and female residents for an average of 60 days. When the site review occurred, the ACT Camp employed 52 staff, six contractors, and had 43 residents. The average length of stay for residents is 60 days. Residents range from age 12 to age 20. The agency does not have segregated housing units and does not conduct strip searches or visual body cavity searches.

The ACT Camp is a former YMCA Camp and consists of multiple buildings and cabins on multiple acres of wooded land. There are three housing units (mods), the nurse's office, the school, two residential bath houses, a welcome center, a cafeteria, and multiple cabins to store equipment, files, and for staff use. The Camp also runs an animal sanctuary and a bakery off-site. Residents are taken to each of these facilities by staff to work and gain vocational training. The animal sanctuary has an indoor and outdoor component and many animals of all types (pigs, goats, lizards, birds, turtles, spiders, and others). The animal sanctuary has two staff, and residents feed, bathe, and care for the animals when at the sanctuary. The bakery is a business operated by the camp that serves breakfast and lunch and will generally have one or two residents help staff with baking or cleaning.

There are two housing units for boys and one for girls. The housing units consist of a grouping of cabins with bunk beds, a staff cabin, and a cabin for recreation (tables, couches, etc.). Residents go to the bathroom in portable toilets, and shower and have access to sinks in female and male bath houses. Residents attend school on grounds and medical and dental services are provided to residents on grounds, without charge to the residents. Forensic exams, if needed, are provided off site at the local hospital or children's advocacy center.

There is video monitoring equipment throughout the camp both inside and outside. Video footage is recorded and saved in case it needs to be reviewed after an incident. No upgrades of facilities or the video monitoring system occurred during the reporting period.

The ACT Camp was clean and staffed appropriately. Residents and staff were observed at school, during meal time, and during evening recreation hours. During casual conversation, both residents and staff appeared at ease and friendly. All were familiar with PREA and the requirements that impacted their work and life at the facility.

During the site review, the auditor observed PREA posters with information on reporting located throughout the camp. The auditor's information was also clearly posted. There is a staff supervisor shed that contained the "PREA phone." A phone is programmed to dial either the local rape crisis center, with whom the agency has a Memorandum of Understanding (MOU) to provide services to residents, or Childline, the Pennsylvania child abuse reporting line. Both are accessible to residents via staff in the supervisors shed. The PREA phone can only call these two entities. All staff reported that residents should be able to use the PREA phone privately--meaning staff would wait outside the shed during the call. The PREA Policy was accessible in all staff cabins for reference.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 1

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The YSA PREA Policy includes zero tolerance policies around all forms for sexual abuse and harassment, and reviews how the agency prevents, detects, and responds to sexual abuse and harassment. The agency has a designated PREA Coordinator and Compliance Manager who understand their role and responsibility in relation to PREA, and feel competent and able to fulfill their job. The auditor reviewed the YSA PREA Policy, organizational chart, resident handbook, posted materials, and interviewed staff and residents.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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N/A

Standard 115.313 Supervision and monitoring

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

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The agency maintains the staff ratio of 1:8 during resident waking hours and 1:16 during resident sleeping hours. This is a requirement of the Pennsylvania Department of Human Services, and the agency has been in compliance since the passage of PREA. The auditor reviewed the YSA PREA Policy, staffing schedules, and conducted staff and resident interviews. The agency discusses the placement of cameras on a regular basis during meetings and shared call notes/emails with the auditor. The agency uses cameras to monitor residents and staff, but recognize that their location (in an outdoor camp setting with various buildings and walkways) can be a challenge. The agency hopes to place more cameras throughout the camp on a continuous basis as funding allows, and reevaluates the need for cameras at various locations after any relevant incident.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

The agency prohibits strip and body cavity searches. Cross gender pat down searches are permitted. Very few pat down searches seem to take place at the agency, and all searches are documented. Staff who could conduct searches were given training on how to properly conduct searches. Cross gender viewing is also limited, as reported by residents and staff. The auditor reviewed the YSA PREA Policy, reviewed records, and conducted staff and resident interviews.

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

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

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

PREA materials are available in English and Spanish. The agency has contracts with two interpreter agencies (Lehigh Valley Center for Independent Living and Affinity Language Services). During staff interviews, it was clear that the agency would not use resident interpreters, readers or other types of assistants and staff knew to contact the contracted interpreters. The auditor reviewed the PREA Policy, contracts with interpreter agencies, and interviewed staff.

Standard 115.317 Hiring and promotion decisions

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

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The agency has the appropriate policy for new hires, contractors, and staff promotions, as well as conducts the necessary background checks for hires and current employees. The auditor reviewed the YSA PREA Policy, staff records, and documentation of an incident with staff relevant to this standard.

Standard 115.318 Upgrades to facilities and technologies

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

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

It is clear from the PREA Policy, staff interviews, and notes from manager meetings that the agency considers resident safety of all kinds, including from sexual abuse, when making any physical modification to the facility or adding and technology for monitoring purposes. There were no upgrades to the system or facility during the reporting period.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

The agency has an excellent protocol for forensic medical exams. They have an Memorandum of Understanding (MOU) with three facilities in the area (Children's Advocacy Center of Northeastern Pennsylvania, Luzerne County Child Advocacy Center, and Gnaden Huetten Memorial Hospital) to provide forensic exams as needed. All facilities have a SANE nurse on staff. The ACT Camp also has an MOU with the Victims Resource Center, who will provide advocacy services if a resident is taken for a forensic exam. Through staff interviews, it is clear that although the camp has not had to take a resident for a forensic exam, they would know what to do if an exam was needed. The auditor also reviewed the YSA PREA Policy, the MOUs with the agencies mentioned above, and contacted the Victim Resource Center for confirmation of a working relationship.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Investigations during the reporting period were completed by qualified (administrative) investigators and required documentation and reporting occurred, as outlined in the YSA PREA Policy. Administrative investigations are conducted by specially trained staff. Criminal investigations are done by the Pennsylvania State Police, with whom the agency has an MOU. The agency also follows additional reporting requirements as mandated by the Pennsylvania Department of Human Services. The website is currently being redone, but there is information on how to request this policy and other PREA information on the current website.

Standard 115.331 Employee training

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

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

All 50 ACT Camp staff who have contact with residents have been trained on according to the standard. The auditor reviewed the curriculum, YSA PREA Policy, employee records, and conducted interviews. Staff seemed to have a good understanding of the PREA and why it is relevant to their work.

Standard 115.332 Volunteer and contractor training

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

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

The agency does not have volunteers and employs six contractors who have contact with residents. All contractors have completed the necessary training. The auditor reviewed the curriculum, YSA PREA Policy, contractor records, and conducted interviews. The contractor(s) seemed to have a good understanding of the PREA and why it is relevant to their work.

Standard 115.333 Resident education

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

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

All residents at the ACT Camp have had the required PREA orientation and education within the timeframe mandated by the standard. In fact, residents interviewed reported they viewed the video within hours of placement with the camp. The material was shared in an accessible manner, by video, written materials, and oral review. Posters and additional materials were posted throughout the facility. Resident interviews confirmed that clients received and understood the PREA information. The auditor reviewed the YSA PREA Policy, resident files, the curriculum for residents, written materials given to residents, observations on the agency tour, and conducted resident interviews. The agency did not implement resident education policies and procedures until May 2015, but continued to provide the education to residents within the corrective action period. They have demonstrated the institutionalization of this standard.

Standard 115.334 Specialized training: Investigations

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

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.

The agency had relevant staff complete specialized training for administrative investigations. Training was documented. The auditor reviewed the curriculum, training documentation, staff files, the YSA PREA Policy, and conducted staff interviews. The agency does not conduct criminal investigation, and has an MOU with the Pennsylvania State Police for this purpose.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Medical and mental health practitioners received the required training. Training was documented. The auditor reviewed the curriculum, training documentation, staff files, the YSA PREA Policy, and conducted staff interviews.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

All residents entering the facility are screened using an objective tool. Screening measured all items listed in the standard, and determined risk for sexual abusiveness or victimization. The agency has appropriate controls on the dissemination of the screening information. The agency did not implement resident education policies and procedures until May 2015, but continued to screen residents within the corrective action period. They have demonstrated the institutionalization of this standard.

Standard 115.342 Use of screening information

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

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The facility uses an objective screening tool to inform bed, housing, and other assignments with the goal of maximizing resident safety. The auditor reviewed the screening tool, documentation of how the information was used, the YSA PREA Policy, staff interviews, and resident interviews. The agency did not implement resident education policies and procedures until May 2015, but continued to screen residents within the corrective action period. They have demonstrated the institutionalization of this standard.

Standard 115.351 Resident reporting

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

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

The agency has established procedures for residents to report sexual abuse or harassment, retaliation by other residents or staff for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents in a number of ways. The ACT Camp has the means for residents to report outside the agency.

Standard 115.352 Exhaustion of administrative remedies

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

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

The facility has an established procedure for filing and resolving grievances that is consistent with the standard. None were filed in the reporting period. The auditor reviewed the grievance forms, the YSA PREA Policy, and staff and resident interviews.

Standard 115.353 Resident access to outside confidential support services

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

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

Residents have access to confidential rape crisis services through the Victim Resource Center via hotline and on-site counseling. All residents interviewed knew of these services and felt they could access their lawyer or a parent/guardian. The auditor reviewed the YSA PREA Policy, saw posted information on access to the rape crisis center, and conducted staff and resident interviews.

Standard 115.354 Third-party reporting

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

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

The agency meets the standard. Parents/guardians receive information on reporting to the agency and ChildLine. There is also information on the website on reporting. The auditor reviewed the YSA PREA Policy and conducted staff and resident interviews.

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Staff interviews showed a deep understanding of reporting responsibilities consistent with the YSA PREA Policy and the standards. Incident reports and documentation supported adherence to reporting policies.

Standard 115.362 Agency protection duties

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

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

Staff interviews also showed a deep understanding that action is needed immediately when there is imminent risk of sexual abuse or harassment. The YSA PREA Policy also mandates an immediate response.

Standard 115.363 Reporting to other confinement facilities

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

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

There were no reports made to another agency during the reporting period. The YSA PREA Policy reflects the standard.

Standard 115.364 Staff first responder duties

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

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

The YSA PREA Policy includes first responder duties consistent with the standards and staff interviews supported that procedure is understood.

Standard 115.365 Coordinated response

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

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

specific corrective actions taken by the facility.

The agency has a plan for a coordinated response involving first responders, medical and mental health practitioners, investigators, and facility leadership. Staff interviews and policy review support compliance.

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

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

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

N/A

Standard 115.367 Agency protection against retaliation

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

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The YSA PREA Policy and staff interviews indicate that protection of residents is consistent with the standards.

Standard 115.368 Post-allegation protective custody

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

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.

There is no segregated housing at the ACT Camp.

Standard 115.371 Criminal and administrative agency investigations

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

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

The facility conducts only administrative investigations. The Pennsylvania State Police conduct criminal investigations. The YSA PREA Policy and staff interviews support compliance with the standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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This is reflected in the YSA PREA Policy.

Standard 115.373 Reporting to residents

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

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

The YSA PREA Policy requires that residents are informed of the administrative investigation, as well as regular updates and status reports. The audits reviewed the YSA PREA Policy and documentation from resident notification.

Standard 115.376 Disciplinary sanctions for staff

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

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

The YSA PREA Policy is consistent with the standard. The auditor reviewed documentation of a staff member who was disciplined for not following PREA Policy, which was commensurate with the nature and circumstances of the acts committed, the staff's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Standard 115.377 Corrective action for contractors and volunteers

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

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

The YSA PREA Policy is consistent with the standards.

Standard 115.378 Disciplinary sanctions for residents

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

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

The YSA PREA Policy is consistent with the standards. This was supported by staff and resident interviews.

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

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

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

When residents indicate they were a victim or perpetrator of prior sexual victimization, the computer program automatically indicates the necessity of medical and mental health care within 14 days. This is in the YSA PREA Policy and supported by staff interviews. The only area not met by the standard is 115.381 (d), which states the agency must obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting, unless the resident is under the age of 18. According to Pennsylvania Department of Human Services regulations, all sexual abuse disclosed to staff by residents must be reported (following the procedures outline in the PREA Policy).

Standard 115.382 Access to emergency medical and mental health services

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

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

The YSA PREA Policy fully implements this standard, and staff interviews indicated compliance.

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

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

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

The YSA PREA Policy fully implements this standard and staff interviews indicated compliance.

Standard 115.386 Sexual abuse incident reviews

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

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

YSA PREA Policy and practice indicate compliance with this standard. There were three incidents during the reporting period where the incident review team met and completed documentation. As of now, the recommendations for improvement have not occurred, but all incidents were relatively recent.

Standard 115.387 Data collection

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

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

The ACT Camp is gathering data after each PREA incident, and compiled this information for 2015. The ACT Camp completed the annual Survey of Sexual Abuse form. It is posted to the website: <http://youthservicesagency.org>

Standard 115.388 Data review for corrective action

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

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

The ACT Camp is gathering data after each PREA incident and compiled this information for 2015. It is posted to the website: <http://youthservicesagency.org>

Standard 115.389 Data storage, publication, and destruction

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

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

YSA Policy and observation of data storage indicates compliance with this standard.

AUDITOR CERTIFICATION

I certify that:

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

Karla Vierthaler

4/20/16

Auditor Signature

Date