

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: November 18, 2016

Auditor Information			
Auditor name: Maureen G. Raquet			
Address: PO Box 274, Saint Peters, Pa. 19470-0274			
Email: mraquet1764@comcast.net			
Telephone number: 484-366-7457			
Date of facility visit: September 19,20,2016			
Facility Information			
Facility name: Chester County Youth Center			
Facility physical address: 505 South Wawaset Road, West Chester, Pa. 19382			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 610-793-5910			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Gary Blair			
Number of staff assigned to the facility in the last 12 months: 73			
Designed facility capacity: 60			
Current population of facility: 14			
Facility security levels/inmate custody levels: Secure Detention/Shelter - Secure			
Age range of the population: 10-20			
Name of PREA Compliance Manager: Megan Delaney		Title: PREA Coordinator	
Email address: Mdelaney@chesco.org		Telephone number: 610-793-5910	
Agency Information			
Name of agency: Chester County, Pa.			
Governing authority or parent agency: <i>(if applicable)</i> Chester County, Pa			
Physical address: Chester County Court House, West Chester, Pa.			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: Gary Blair		Title: Director	
Email address: Gblair@chesco.org		Telephone number: 610-793-5910	
Agency-Wide PREA Coordinator			
Name: Megan Delaney		Title: PREA Coordinator	
Email address: Mdelaney@chesco.org		Telephone number: 610-793-5910	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) Audit of the Chester County Youth Center was conducted on September 19, 20, 2016 by Maureen G. Raquet, Raquet Justice Consultants LLC, a Department of Justice Certified PREA Auditor for Juvenile Facilities. This facility was initially audited during the first PREA cycle in September of 2014 and was found to be in full compliance on October 7, 2014. This Audit, conducted on September 19, 20, 2016, is a re-audit of the facility conducted during the first year of the second PREA three year cycle. Notice of the Audit was posted on August 5, 2016, and I received an email with pictures of the posting in the living units and public areas on this date. The facility was requested to keep these notices posted during this six week period and they were still posted in all areas during the tour on Sept. 19, 2016. There have been no communications received as a result of this posting in the Auditor's Post Office box. On August 8, 2016, I received a flash drive in my PO Box with the completed Pre-Audit Questionnaire and required documentation that included a schematic of the facility, policy, reports, curriculum and pertinent PREA information. During this six week period, through emails and phone calls with the PREA Coordinator, the aforementioned information was discussed and clarified. The agenda for the onsite portion of the Audit was emailed to the PREA Coordinator on September 6, 2016. The onsite portion of the Audit commenced with a brief entrance interview with the Director, Deputy Director, the PREA Coordinator and the Facility Trainer, followed by a tour of all areas of the facility that the children have access to. The facility was very clean and well maintained. During the tour, I saw postings for the upcoming Audit in the front lobby area, in every living unit and every common area that the residents have access to. In addition there were posters in both Spanish and English in all areas, including the visiting area describing PREA, describing Sexual Abuse, providing reporting information for Crime Victims' Services Center of Chester County and providing constant reminders to both staff and residents about boundary issues and "drawing the line". These themed posters were large and bright and in the holding rooms in the Intake area were on the glass facing INTO the holding room. Upon entering the front door of the lobby there is a PREA bulletin board with information for parents, visitors, volunteers and contractors.

While on the tour, I saw the "Blue Phone" that is located in the conference room and that is a hotline to the Crime Victims' Center of Chester County. I picked up the receiver and it went directly to the Center. A female Shelter resident volunteered to show me how to report by using the confidential PREA dropbox located on every living unit. It is locked and checked by the PREA Coordinator every day. I also spoke to Maintenance employees who told me that they had received PREA training several times, most recently in August. I spoke to Detention staff and an Art teacher, who both received training and they told me that Administration conducts unannounced rounds on a regular basis. The Art Teacher states that he teaches on Sunday and he has seen the Director stop in on multiple occasions. The Nurse could tell me what training she had received and showed me where a resident could be seen privately in the Medical Suite and showed me where the health records are privately kept. During the tour, all residents were in school. I had the opportunity to see them supervised in group settings in the classrooms and also during a lunch period. Staffing exceeded both the PREA requirements and that of the Pa. 3800 Child Care regulations. On the units, I saw the resident bathrooms where all children shower one at a time and I saw that the bathroom in the Intake area had a door for privacy. I heard "knock and announce" practiced when male staff entered the all female shelter unit.

Directly after the tour of the facility, and the following day, I interviewed the following:

the Director, Deputy Director, PREA Coordinator, Lead Supervisor/Human Resources staff, a nurse, a contracted licensed psychologist (by phone after the Audit), a Caseworker who administers the Vulnerability Assessment and who also monitors retaliation, a staff who conducts Intakes, a Control Room Staff, the Evening Reporting Center Supervisor, a Volunteer, and ten (10) random staff. Staff are both full and part time and work all three shifts. A roster of on duty staff was provided to me and I randomly picked staff from both Shelter, Detention and all three shifts. On Tuesday, I arrived at the facility at 7:00 AM to accommodate the interviews of third shift staff. I was given a roster of all 14 facility residents separated by living unit and by Program. I also requested, prior to the onsite, that residents be identified on the roster by the following: those who reported a sexual abuse, those who have disclosed a prior sexual abuse, those identified as vulnerable or aggressive, those that are disabled or non English proficient and those who identify as LGBTI. Of the 14 total residents, I interviewed (10) residents from both Detention (7) and Shelter (3). That represents 71% of the total population on the days of the Audit. There were no Transgender or Intersex residents in the population. There was one resident in Shelter who identified as bisexual and she was interviewed. There were no disabled or non-English proficient residents. There were several residents who had disclosed prior sexual abuse and I interviewed one from Detention and one from Shelter. I reviewed the files of 10 staff for required documentation and the files of 14 Shelter residents, 10 active and four discharges. The four files of discharged residents were chosen from a census of all admissions in the past 12 months.

Residents have several means to report sexual abuse and sexual harassment. A few were mentioned above, including the "Blue Phone", a hotline to the Crime Victims' Center and the PREA dropboxes. There is also the grievance procedure, family visiting twice a week and phone calls every week, visits by attorneys, probation officers, and caseworkers. The staff from the Crime Victims' Center conducts monthly education for the residents and they can confidentially report then too. It should be noted that most of the residents interviewed stated they would report to staff because they trusted them, even though they knew of the other reporting avenues.

Prior to the onsite visit, I called and spoke to a staff person from the Crime Victims' Center of Chester County. They confirmed the services outlined in the MOU and stated they are not aware of any issues or problems at this facility. There are also MOUs with the Alfred I. DuPont Children's Hospital for Forensic Examinations and an MOU with the Chester County Detectives, who conduct Criminal

Investigations. This information is posted on the facility website.

During the past 12 months, there was one alleged incident of Staff on Resident sexual abuse that was unfounded. There were two reports of sexual abuse occurring at other facilities and reported to Chester County Youth Center Staff. Documentation of all of these incidents was provided to and reviewed by the Auditor. The reports confirmed that all policy and procedure was properly followed in a timely fashion and documented.

At the conclusion of the two days onsite, an exit interview was held with the Assistant Director, PREA Coordinator and a Caseworker.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Chester County Youth Center was built in 2006 and is a County Run Juvenile Detention Center and Shelter, in Suburban Philadelphia. This facility just celebrated its tenth anniversary. Prior to this date, the County leased beds from an adjacent county. The program consists of a 48 bed Detention center; three pods of 12 are designated male and one 12 bed pod is female. A fifth 12 bed pod is an all-female shelter for both delinquent and dependent girls. An Evening Reporting Center runs out of the building and an Electronic Monitoring Program as well. The County also provides both Detention and Shelter services to other counties on an as needed basis.

The Detention Center is a short term residential facility for alleged and adjudicated delinquent children who are awaiting court or placement. This is a secure program and is one of 13 Juvenile Detention Centers in the Commonwealth of Pa. The Shelter program is classified as non-secure by the Pa. Department of Human Services 3800 Child Care Regulations, but meets the criteria for a secure program under the PREA Standards. The Shelter program accepts both delinquent and dependent girls who require a temporary out of home placement due to a family issue, through no fault of their own or because they are runaways, ungovernables or truants. These residents can attend their home schools while in placement and one girl was leaving Shelter each day to attend an alternative educational program. The Evening Reporting Program is non-residential. Boys who are placed on probation by the juvenile court can be placed in the program as part of their disposition. They are picked up by program staff in a county van after school and taken to the Youth Center where they have different programs, including community service, educational, etc. and eat dinner. They are returned home around 8:00 PM. The Electronic Monitoring Program is run out of the center, but the participants are not at the center.

During the past 12 months, September 2015 until September 2016, there were 207 total Detention Admissions: 181 males and 26 females ranging in age from 10-21. The average length of stay was 18 days. The Shelter program had 44 admissions in the same time period. The average stay in Shelter was 30 days. The Evening Reporting center which runs Monday through Friday afternoons had 49 participants in the last 12 months. The residential programs were the only ones audited.

The facility is run by the Director, Gary Blair, under the auspices of the Human Services Department of Chester County. There are 82 full and part time employees, as well as contracted employees in the Medical (Prime Care), Behavioral Health (Holcomb), Educational Units (Chester County Intermediate Unit), and Food Service (Aramark). The direct care or line staff are both full and part time and work both permanent and rotating shifts. The male units are staffed by males and the female units in both Detention and Shelter are only staffed by females. There are also Caseworkers, Nurses, a trainer, Control room staff, janitorial and Administrative staff and a part time Art teacher who are County employees. Two Caseworkers are the only unionized staff at the Youth Center are represented by Teamsters Local #384.

The residents attend school every day and this includes the traditional subjects including Gym and Art. There are also activities that are conducted by staff, volunteers and contractors. This includes the vegetable garden, job skills training, yoga, creative writing and many other programs.

On the date of the onsite portion of the Audit, there were 9 males in Detention, and 5 female residents in Shelter. One resident was discharged from Detention during the Audit. One Shelter resident was attending school in the community.

The one story building was built in 2006 and is on a County campus that also is home to the Geriatric facility, and the County prison. It is located in Pocopson Township in the beautiful rolling hills of Southern Chester County. From the parking lot in front of the building, it resembles an elementary school. The cinderblock building was built with not only the needs of delinquent children in mind, but also the community and other County agencies. It has both a gym and multi-purpose room that are utilized by both residents and the community. The Detention unit consists of four living pods of twelve single rooms each as well as a quiet room and staff office. The bedrooms have a built in bed and a built in shelves. There are no toilets or sinks in the bedrooms. They have a window to the outside and locking doors with a window in them. The bathrooms contain two shower stalls with curtains and two toilets, two sinks and a urinal. There is a bathroom door with a glass window in it. The staff office has a desk, bulletin boards and a staff bathroom and is next to the door and across from the bathroom/shower room. The bedrooms are on either side of a living area that is furnished with small tables and chairs. The female unit was unoccupied during the Audit. All Detention units are the same.

There are four Detention classrooms, including an Art Room, where the boys and girls attend classes separately. The classrooms are across the hall from the Detention Living Units. A courtyard is also available for the Detention children with a vegetable garden used for community service. The Multi-Purpose room is used as a Detention Cafeteria and is bright and has new murals created by the children depicting Philadelphia and its sports teams and landmarks. This room also has pool tables for recreation. There is a large high ceilinged, well lit gym used by both Shelter and Detention but at different times. The walls throughout the wide hallways are covered with beautiful murals created by volunteers and the children. The floors are colorful with large squares of alternating color. The Center also contains an Administrative Area, Casework Area, Visiting Area, Conference rooms, interview rooms, and a self-contained Intake Area with a drive-in sally port. The Medical Suite is connected to the Intake area and contains a waiting area, glass walled Nurse's office, where the Medical records are kept, a private examining room with examination table and a dentist office. The Intake area has two large glass walled holding rooms with built in cement benches along one wall. On the other side of the room is a private bathroom with a curtained shower and a separate toilet and sink across from the large low reception type desk backing up to the adjacent control room with video monitors, manned round the clock by security officers. Both exterior and interior doors are buzzed open by security. There is a key override. There are cameras throughout the building, except in the classrooms, bathrooms, and resident bedrooms.

The Shelter Pod is non-secure and opens to an outside Courtyard. Shelter is completely separate from Detention and the populations do not have contact. There are 12 single bedrooms with a window to the outside and built in bed around a large common area with slip covered furniture and tables and chairs. The Shelter is self contained and has a glass walled classroom with 12 desks and a teacher's desk. The residents also eat on the unit and there is a serving window with a metal partition, where they receive their meals. There is a large glass walled staff office directly across from the bathroom with two curtained showers, two toilets and two sinks. The Shelter has a myriad of posters and decorations and has less of an institutional feel.

The design of the building fits the surrounding area, and the inner program spaces reflect the ideology of rehabilitation. The building was immaculate, with no graffiti and was very well maintained. The Youth Center is licensed by the Pennsylvania Department of Human Services under the 3800 Child Care Regulations.

There have been no changes to the building or technology since the initial Audit in 2014.

SUMMARY OF AUDIT FINDINGS

In summary, after reviewing all pertinent information and documents provided to me prior to and during the onsite portion of the Audit, interviews with staff and residents, and the tour of the facility, it is apparent to this Auditor that the Facility Leadership and the Staff have spent considerable time and resources ensuring that the safety and security of these residents is the utmost priority. The culture of sexual safety and awareness was present during the first Audit, but is now more ingrained in the facility. As noted above, many of the children stated they would report to a trusted staff if there was an incident of sexual abuse, even though they were aware of the other reporting avenues. This is an indicator of the commitment of all staff to the culture of sexual safety. There is not only a PREA Coordinator, but a PREA team that meets several times a year to discuss training and to review policy and procedure. The staff and residents have demonstrated that they not only received but understand the education and training. There is an ongoing relationship with the Crime Victims' Center of Chester County that allows for victim advocacy, emotional support and reporting. The Victims' Center staff also provide monthly education to the residents regarding their services. This is a best practice. The PREA Coordinator devotes most of her time to PREA compliance, including training new staff during orientation and revamping existing PREA training. She personally checks the PREA boxes every day and is on call for all PREA related incidents. All logs and files were complete and the entire staff is dedicated to PREA compliance.

Four standards as noted below have been exceeded. Four standards as noted below do not apply. One standard requires corrective action. The remaining 32 Standards have been met. All policy and procedure meet the Standards.

Four standards have been exceeded:

Standard #331 Employee Education: All staff receive a full day of PREA training which consists of a Video, Power Point presentation and discussion that also includes scenarios. New staff receive this training as part of orientation. There is a full PREA training every year. Training is revamped to concentrate on certain issues. All staff receive mandated reporter training and the Chester County Detectives present a forensic evidence training for first responder staff to ensure protection of the evidence. There is a separate module for LGBTI identification and searches. All staff were able to demonstrate an understanding of this training during the interviews. Training logs are kept and they also include certificates of completion and a post test. The curriculum was both general and specific to the Chester County Youth Center.

Standard #332 Volunteer and Contractor Training: All volunteers and contractors receive training including a video, power point and discussion. The training is tailored to the level and amount of interaction that the contractor or volunteer has with the residents. Teachers from the Intermediate Unit receive the full Staff training. A HVAC contractor receives a pamphlet stating that the Chester County Youth Center is a PREA compliant facility and what that means. He signs off acknowledging receipt of that pamphlet. The control room who mans the door alerts the PREA Coordinator when a contractor arrives, so that she can greet him and issue the PREA brochure and answer any questions. Although not contractors, the PREA Coordinator has conducted PREA training for Juvenile Probation Officers, Children and Youth Caseworkers, and Sheriffs because they have contact with the residents within the center.

Standard #333 Resident Education: The residents receive education at Intake that consists of a PREA Reporting brochure and a PREA orientation with a checklist of pertinent facts regarding sexual abuse and sexual harassment. This is in every resident file. Within 10 days, a caseworker does more in depth resident education that includes a video, a power point presentation and discussion. There is also written acknowledgement of this and the PREA Coordinator keeps a log. Ongoing education includes the posters throughout every area of the facility and pamphlets and brochures on wall displays at every door where the residents line up when they move from area to area. The Crime Victims' Center of Chester County also does monthly education of the residents. The ten residents interviewed were all able to demonstrate their knowledge of key PREA related issues.

Standard #351 Resident Reporting: The residents can report in many ways including the "Blue Phone" hotline to the Crime Victims' Center of Chester County. All staff and residents named this as a reporting avenue. There are PREA dropboxes in all living units. The residents are given a reporting form on their PREA brochure at Intake and an extra one is placed in their locker. The residents can report to a trusted staff and many of them named this as their primary preference. They have phone calls with parents, grandparents and guardians once a week and visits with family twice a week. They all have access to their attorney and most residents say they have seen the Public Defender several times. Some Shelter residents have home passes and some go out to school. Every single avenue has been provided to the residents to report and they all know how to.

One standard requires a period of corrective action:

Standard #313 Monitoring and Supervision:

Logs of random unannounced rounds were provided to me prior to and during the onsite. At my request, to ensure adequate documentation, an additional sixty days of logs of random unannounced rounds must be provided for compliance with Standard #313, Monitoring and Supervision. Although rounds are being conducted and documented by on-shift supervisors, third shift rounds conducted by intermediate and upper level staff were not always documented. I did verify an administrative third shift round conducted by an administrator on a video recording during the onsite. Once an additional 60 days of documentation are received, this standard should be met.

On 11-18-16, I received a log of sixty days of random unannounced rounds conducted by a mid or upper level supervisor on all days and shifts, including weekends. These rounds were conducted in September, October and November, 2016. These additional logs demonstrate compliance with this standard.

The following standards do not apply:

Standard #312 Contracting with other entities for confinement of residents: The Chester County Youth Center does not contract with any other entities for the confinement of their residents.

Standard #318 Upgrades to Facilities and Technology: There have been no upgrades since the prior Audit.

Standard #334 Specialized Training; Investigations: The Chester County Youth Center staff do not conduct Investigations. This is done by the Chester County Detectives and Pa. Department of Human Services.

Standard #368 Post Allegation Protective Custody: The Pa. 3800 Child Care Regulations prohibits the use of Isolation. Isolation is not practiced at the Chester County Youth Center.

All other Standards have been met and all Policy meets the Standards. When the documentation for Standard #313 is received, the facility will be in full compliance. Because the documentation has been received and reviewed, Standard #313 has been met and the Chester County Youth Center is in full compliance with the PREA Standards.

Number of standards exceeded: 4

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

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.

Documents Reviewed: Pre-Audit Questionnaire
Chester County Youth Center Zero Tolerance Policy
Chester County Youth Center Mission Statement
Chester County Youth Center Organizational Chart

Interviews Conducted: PREA Coordinator.

Chester County Youth Center has a Zero Tolerance Policy for preventing, detecting, and responding to sexual abuse and harassment. It contains the definitions required by the standard and mandates that the facility shall have a PREA Coordinator. I have thoroughly reviewed this policy. The PREA Coordinator was interviewed and she states that she has enough time to meet her responsibilities in this role. There is only one facility and they have developed a PREA team that meets quarterly. The PREA Coordinator reports to the Director of the facility and this is illustrated on the Organizational Flow Chart that was provided. The policy meets the standard.

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)

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.

This standard does not apply because the facility does not contract with other entities for the confinement of their residents.

Standard 115.313 Supervision and monitoring

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

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

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

Documents Reviewed: Pre- Audit Questionnaire
Pa. 3800 Child Care Regulations
Staffing Plan for Shelter
Staffing Plan for Detention (2) one for Male Units and one for Female Unit
Chester County Youth Center Zero Tolerance Policy: Documentation of Staffing Plan Development
Chester County Youth Center Zero Tolerance Policy: Policy requiring random documented unannounced rounds by intermediate and higher level staff
Logs of unannounced rounds
Documentation of Annual staffing reviews: 2014, 2015
Pa. Bureau of Human Services Licensing Annual Licensing Summary for Detention and Shelter, 2016
Onsite video Review of a random unannounced round on a midnight shift by the Lead Supervisor
Additional Logs of sixty days of random and unannounced rounds conducted on all shifts by mid and upper level supervisors received on 11-18-16.

Interviews:

Youth Center Director
PREA Coordinator
Asst. Director
Lead Supervisor

Tour Observations:

Supervision of residents in group settings in Selter classroom, Detention hallways and classrooms and Detention residents in Multipurpose room during lunch during tour on 9-19-16 and the following day, 9-2016
Conversations with on-duty staff and residents during tour of facility on 9-19-16

The facility has two residential programs that require different ratios as per their licensing agency the Pa. Department of Human Services. The Detention program has a ratio of 1:6 during awake hours and 1:12 during sleeping hours. The Shelter program has a mandated ratio of 1:8 during awake hours and 1:16 during sleeping hours. While on the tour of the facility, I saw supervision of the residents as they were escorted throughout the building, in the hallways going from room to room, in the classrooms and eating in the cafeteria. They were properly supervised at all times and the required ratio was exceeded in group settings. The use of part time staff allows for flexible staffing when needed. There have been no incidents where the ratio has not been met. The use of overtime, both voluntary and mandatory is used to ensure proper ratio. There have been no citations from Pa. Bureau of Human Services Licensing for not meeting ratio. I was provided with staff schedules for each program. They are prepared at least two weeks ahead of time and emailed to all staff. They are reviewed on a daily basis to meet the needs of the population including one on one supervision. I interviewed the director of the facility who states that when schedules are prepared and reviewed they take into account programming on different shifts, the ever changing needs of the population, as well as generally accepted juvenile detention/correctional practices, blind spots in the facility and the placement of staff. This is all delineated in the policy which contains all necessary procedure as required by the standard.

Because this is a re-audit, the PREA Coordinator, who was interviewed, provided to me two annual reviews of staffing that is conducted during an annual meeting of the PREA team, where they look at population numbers, the number of part time staff, staff turnover, and video monitoring.

The policy requires that random, unannounced, documented rounds are conducted on all shifts. The policy requires that the on-duty supervisors conduct these rounds and document them on every shift. These logs were provided to me prior to the on-site. During interviews of the Director, Assistant Director, and Lead Supervisor, who also conduct rounds, I was advised that these upper level staff also conduct random, unannounced rounds, but that they are not always documented and are not consistent on the midnight shift. I was provided with additional logs with some documentation by these supervisors. I saw a video of the lead supervisor conducting an unannounced round on a midnight shift. As mentioned in the narrative, during the tour, an art teacher told me he has seen the Director on Sunday afternoons on several occasions making unannounced rounds. Taking into account all of the above, the rounds are being conducted, however not consistently on midnight by intermediate and upper level staff and not always documented.

Corrective Action Needed:

Logs of sixty days of additional, random, unannounced rounds conducted by mid and upper level supervisors will be provided to and reviewed by me. When that is done this standard will be met.

On 11-18-16, I received and reviewed sixty days of logs of random unannounced rounds conducted by mid and upper level supervisors on all shifts. This additional documentation satisfies the corrective action.

This standard has been met.

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.

Documents Reviewed: Pre- Audit Questionnaire

- Chester County Youth Center Search Policy
- Chester County Youth Center Shower Policy
- Chester County PREA Policy: governing searches and governing transgender and intersex searches
- Employee training curriculum
- Cross Gender Variant Search Form
- Staff Training Logs

Interviews:

- Ten Random Staff from Detention and Shelter
- Ten Random Residents from Detention and Shelter

The Chester County Youth Center Policy prohibits all cross gender pat down searches. There have been no cross gender searches of any kind in the past 12 months. The PREA Zero Tolerance Policy allows for Transgender and Intersex residents to express a preference for a male or female staff to conduct a search. This procedure entails the completion of a Gender Variant Search Form during Intake that both the resident and the staff sign off on. There have been no Transgender or Intersex residents in the past 12 months. All 10 random staff interviewed were able to discuss this policy and were also able to state that searching or physically examining a transgender or intersex resident for the sole purpose of determining that resident’s genital status is prohibited.

I also interviewed 10 random residents from both Shelter and Detention, 3 Shelter females and 7 Detention males. All stated they had never been subject to a cross gender pat down search and all could shower, dress and toilet in privacy without being viewed by an opposite gender staff. All residents shower one at a time. The residents were able to demonstrate “knock and announce” by telling me that staff say, “male on the unit”, “female on deck” and that they are “loud and clear”. It should be noted that same sex staff work on the male and female units. Policy and practice meet the standard.

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.

Documents Reviewed: Pre-Audit Questionnaire

- PREA Zero Tolerance Policy
- Spanish and English Posters, Brochures, Pamphlets for Residents, Visitors, and Contractors

Spanish and English Curriculum for Residents
Contract with Translator
Staff Curriculum
Staff Training Logs

Interviews: Director
10 Random Staff

There were no residents who were non-English proficient or who had any disabilities in the population during the on-site portion of the Audit. A review of the policy along with the Director's interview shows compliance with the standard. The facility would make all reasonable accommodations for any resident including those that were blind or deaf. The resident educational video is in English, Spanish and is closed captioned for the hearing impaired. The use of "Comic books" for the low functioning resident is used to educate them regarding sexual abuse and sexual harassment. All postings, brochures and pamphlets are in English and Spanish and there is a contract with a translator to assist with any other language. The ten random staff interviewed were able to state that they would never use a resident as a translator to make a report of sexual abuse and have never known this to be done. They stated there are Spanish speaking staff and a contract with a translator.

No corrective action needed.

Standard 115.317 Hiring and promotion decisions

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Chester County Youth Center Hiring Policy Questionnaire
PREA/DPW Forms Required for Employment Form
Pa. Child Protective Services Law
Pa. 3800 Child Care Regulations
Pa. Bureau of Human Services Licensing 2016 Licensing and Inspection Summary
Personnel Files of 10 Random Staff

Interviews: Lead Supervisor/Youth Center Human Resources Staff Person

I interviewed the lead supervisor who acts as the Human Resources staff for hiring all employees at the YC. The PREA policy and the Chester County Youth Center Policy reflect the Pa. Child Protective Services Law which requires a Pa. Child Abuse Clearance, a Pa. Criminal History Check and a FBI clearance prior to employment. These checks are also done every three years. During the pre-employment process the Youth Center uses a PREA check list to ask about previous conduct, including sexual harassment and protection from abuse orders. All staff are given a Youth Center form advising what clearances are required prior to employment. The policy requires a continuing affirmative duty to report on the part of an employee. Promotions also take this behavior into account. If requested, any founded or indicated report of sexual abuse is released to a new employer.

I reviewed 10 employee files and found all three required clearances being conducted prior to employment and for longer term employees there were multiple clearances conducted every three years. One of the files was for a new employee, hired two months ago. All clearances were obtained prior to the new employee having contact with residents. There have been no promotions.

The policy and the Pa. CPSL require this for contractors as well. I reviewed the file of a contractor and the necessary clearances were present.

A review of the most recent Licensing and Inspection Summary performed by the licensing agency did not show any citations for not having the proper clearances in employee or contractor files.

The policy and the practice meet 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.

There have been no updates to the facility or to the technology since the initial Audit in September of 2014.

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.

Documents Reviewed: Pre-Audit Questionnaire

- PREA Zero Tolerance Policy
- MOU with DuPont Hospital
- MOU with Chester County Detectives
- MOU with Crime Victims' Center of Chester County.

Interviews:

- PREA Coordinator
- Director of the Crime Victims' Center of Chester County
- 10 random staff

The PREA Policy requires that forensic examinations will be provided free of charge for the residents and that they should be performed by SAFE/SANEs. Chester County Youth Center does not perform any forensic examinations. They have a MOU with the DuPont Hospital for Children to perform Forensic examinations. DuPont has a SAFE/SANE available for forensic medical exams. There is also an MOU with the Chester County Detectives to conduct all sexual abuse investigations. The Chester County Detectives have trained the Youth Center Staff on how to protect forensic evidence. The Youth Center does not collect it. The Youth Center has an MOU with the Crime Victims Center of Chester County to provide emotional support and a victim advocate to accompany residents for forensic exams. Part of the Youth Center procedure is to always notify the CVCCC of any allegation requiring a forensic exam. I called and spoke to the Director of CVCC prior to the onsite portion of the Audit and they confirmed these services. All 10 random staff interviewed knew this protocol. There have been no forensic exams conducted in the past 12 months. The policy and practice meet this standard.

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.

Documents Reviewed: Pre-Audit Questionnaire

- PREA Zero Tolerance Policy
- Pa. Child Protective Services Law
- MOU with the Chester County Detectives
- Staff training curriculum
- Staff training logs
- Reports of the unfounded incident that occurred in the past 12 months
- Chester County Youth Center website that describes investigative responsibilities of the facility and the Chester County Detectives

Interviews:

- PREA Coordinator
- Director

The Chester County Youth Center does not investigate allegations of sexual abuse or sexual harassment. The PREA Zero Tolerance Policy and the Pa. Child Protective Services Law requires a referral to a law enforcement agency and in this case the report must be made to the Chester County Detectives for any allegation of sexual abuse or sexual harassment for a criminal investigation. If the allegation rises to the level of sexual abuse it must also be reported to Pa. Child Line. There is an MOU with the Chester County Detectives outlining the Detectives and the Facility’s responsibility for referrals. I interviewed the Director who confirmed the policy. The policy and the reporting mechanism is posted on the Chester County Website and confirmed by the Auditor. In the past 12 months there was one unfounded allegation of sexual abuse of a staff against a resident. It was immediately referred to the Chester County Detectives. I reviewed the reports made by staff, the timely referral to the Detective and his response of “unfounded”. Both the policy and the practice meet the standard.

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.

Documents Reviewed: Pre-Audit Questionnaire

- PREA Zero Tolerance Policy
- Employee Training Curriculum
- Personnel Files of 10 random staff
- Staff Training Logs

Interviews:

- 10 random staff

The employee training includes preventing, detecting, reporting and responding to allegations of sexual abuse and sexual harassment in accordance with the facility’s policy. It has specific modules on Transgender and Intersex residents, mandated reporting responsibilities, first responder training and the signs of threatened and actual sexual abuse, as well as avoiding inappropriate relationships with residents. All staff in the facility have received training. I interviewed 10 random direct care staff who could all candidly discuss their training. I interviewed a control room staff, who also received the same training as the direct care staff and I interviewed janitorial staff who also

confirmed training. The staff receive the full day PREA training, which includes a video and several power point presentations and “PREA scenarios” during orientation. They then receive a full PREA training each year. Staff “test out” to demonstrate their comprehension of the material and this along with an acknowledgement of understanding is contained in a staff training log, along with a certificate of completion. Additionally, there are posters, such as “Know your Limits” and “Don’t cross the Line” posted throughout the facility to remind staff of their training. First Responder duties are posted in staff offices, and many staff carry a first responder card with them and extra cards are in a bin on the PREA Coordinator’s door. Although the staff do not investigate any allegations, they receive training conducted by the Chesterr County Detectives on how to protect the Forensic evidence.

I reviewed the files of 10 staff and the staff training log. All had the initial PREA training and a refresher/full training each year. All staff also had Mandated reporter training. New training was being developed to help staff better understand the use of risk based housing. The standard has been exceeded.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Training Curriculum for Volunteers and Contractors
Training record for a Volunteer
Training Record for a Contractor
Signed Acknowledgement of Training by a Contractor and a Volunteer

Interviews: Volunteer who conducts Creative Writing workshops with Shelter Residents
Contractor who conducts Life Skills Training with Detention and Shelter Residents
PREA Coordinator

All volunteers and all contractors have been educated by the PREA Coordinator and trainer at the Chester County Youth Center. The policy requires a level of training for volunteers and contractors based upon the amount and level of interaction they have with the residents. The teachers who are contracted employees receive the full employee training. A contractor with limited contact may receive the PREA brochure and then signs off acknowledging receipt and understanding. Brochures are in both Spanish and English. There is a full curriculum of a presentation, power point and discussion for volunteers and they also sign off on the training. I interviewed both a contractor, who provides life skills education in Detention and Shelter and a volunteer who runs creative writing classes for the Shelter residents and both stated they had received training, that they understood it. They stated that they would immediately report any sexual abuse or sexual harassment to a Youth Center supervisor and to Child Line. They would also document the incident. I saw documentation of education in both a contractor and a volunteer’s file.

Although not technically contractors, the PREA Coordinator advised me that PREA training was also conducted for the County Sheriffs, the Juvenile Probation Officers and the Caseworkers from the Office of Children and Youth because they have contact with the Youth Center Residents.

This standard has been exceeded.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Educational Materials including brochures in Spanish and English used during Intake
Curriculum for 10 day education including: Video, Power Point, reporting brochures, comic books, posters
Educational materials in Spanish and for those with disabilities
Review of 14 random resident files, 10 Active (7 Detention and 3 Shelter) and 4 Discharged
Forms with resident signatures acknowledging education at Intake
Logs of 10 day Education

Interviews: Ten Random Residents(7 from Detention, 3 from Shelter)
Shelter Supervisor who performs Intakes
PREA Coordinator
Caseworker who conducts 10 day Education

I reviewed the policy requiring timely education for residents at Intake and again within 10 days. All staff conduct Intakes and provide the initial information to the residents regarding reporting and residents' rights to be free from sexual abuse and sexual harassment. I interviewed a Shelter Supervisor who conducts Intakes. She states that as part of the Intake process, a resident is given a brochure advising them as to how to report and their rights. They also sign off on a PREA form acknowledging their understanding of this. Within 10 days of Intake, a Caseworker conducts more comprehensive education, including a video, power point presentation and discussion. Once again the resident signs off on this education. The video which was acquired through the Moss Group mentions a "blue phone" for reporting. In order to avoid confusion for the residents, the reporting phone was painted blue. If a resident is low functioning there are special comic books and all educational resources are in Spanish and English. The video is also closed captioned for the hearing impaired. Throughout the facility there are large, colorful themed posters. At every doorway, where the children line up, there are PREA pamphlets and brochures in bins on the wall. Once a month the Crime Victims' Center conducts resident education for all the children regarding Sexual Abuse, Sexual Harassment and the services that they offer. I interviewed 10 random residents from both Detention and Shelter and they could tell me they were given pamphlets at Intake, that they knew several ways to report and they also knew that there were services available to them. I reviewed the files of 14 residents, 10 active and 4 discharges and all contained documentation of timely education both at Intake and within 10 days of Intake. This standard has been exceeded.

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.

This standard does not apply because the Youth Center staff do not conduct any investigations. These investigations are conducted by the Chester County Detectives and Pa. Child Line.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Medical Staff Training Curriculum
Medical Staff Training Logs
Medical Staff Certificates of Course Completion

Interviews: Nurse
Contracted Psychologist

The policy requires Medical and Mental Health staff to receive the same training as employees as well as specialized training to detect sexual abuse, to protect DNA evidence, and to respond in a professional manner to reports of sexual abuse. The Medical staff do NOT conduct forensic examinations at the Chester County Youth Center. The Nurses are County employees and I interviewed one of the nurses, who stated she received the full day employee training and completed the NIC training on line. I saw certificates of completion in her file. The doctor and dentist are contracted through Prime Care and receive contractor training and the online NIC training. I also interviewed a contracted Psychologist by phone and she states she received specific training from the facility and specialized training as part of her Doctoral practicum. All medical staff have been trained and I saw certificates of completion.

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.

Documents Reveiwed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Vulnerability Assessment Tool
Files of 14 Residents(10 Active, 4 Discharged), 7 Detention and 3 Shelter
Youth Center Health and Safety Assessment
Youth Center Mental Health Screening Tool

Interviews: Ten Random Residents
Caseworker who Administers the Vulnerability Assessment
PREA Coordinator

The PREA Policy requires that admissions be screened for vulnerability to victimization or aggressiveness toward other residents within 72

hours of intake. The screen that is used by the facility is a commonly used one that takes into account prior victimization, a history of offending, physical variables, having been bullied, prior institutionalizations and LGBTI identification among other variables. This screen is administered by a caseworker. She also takes into account the resident's charges, the Health and Safety Assessment done at Intake and a Mental Health Screen that she conducts. She may also have information from a probation officer or caseworker, and from parental interviews. Using all of this information, the assessment is completed and a score is arrived at. This is used to keep children safe and may be used to house a resident in a specific pod or room within a pod and assigned cafeteria seating. The Vulnerability Assessment is kept in the PREA Coordinator's office and only the caeworkers and PREA coordinator have access to it. The appropriate information from it is placed in a staff log. Most of the 10 residents that I interviewed remembered being asked pertinent questions contained in the instrument a couple days after they got here. The Policy requires that the resident be re-assessed every thirty days. This is a short term facility, with the average stay being 18 days in Detention. I saw a file of a resident with a stay longer than 30 days and he had been re-assessed in a timely fashion. I reviewed 14 resident files, 10 active and 4 discharged and all 14 had timely Vulnerability Assessments.

Standard 115.342 Use of screening information

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

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

- Documents Reviewed: Pre-Audit Questionnaire
Zero Tolerance Policy
Pa. 3800 Child Care Regulations
Pa. Burau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
Documentation of use of Screening Information for Risk based housing decisions
Documentation of a 30 day review as required by policy
Files of 14 Residents (10 Active, 4 Discharged) for documentation of risk based housing decisions
Documentation of housing for a resident identified ast LGBTI
Youth Center Shower Policy
- Interviews: PREA Coordinator
Caseworker Responsible for Administering the Risk Screening
Shelter Resident self-identifiied as bi-sexual

The policy states that the use of the screening information is to keep a vulnerable resident safe and to protect the other residents from an aggressive resident. During the tour, I saw four different pods in Detention where younger residents or co-defendants can be placed in separate pods. There are also rooms closer to the staff office that can be used for a vulnerable or aggressive residents. This information can also be used to assign seating in the cafeteria. A resident is never determined to be aggressive because of their sexual identity, but the housing for a Transgender or Intersex resident is done on a case by case basis, taking into account their needs and balancing that with the overall security of the program. All residents shower separately. I saw the shower with a curtain and spoke to staff during the tour regarding staff placement during showers. I interviewed the Director, PREA Coordinator and the Caseworker who administers the Vulnerability Assessment who discussed a Transgender resident that was admitted prior to PREA implementation and how they did for her what is now in the PREA policy.

There is no special segregated unit for any LGBTI residents. I interviewed a girl from Shelter who identifies as bi-sexual and she states she was not placed in speciality housing, nor has she been discriminated against.

There is no use of isolation at the Chester County Youth Center. It is prohibited by regulation. There were no citations for using isolation. I reviewed the vulnerability assessments for 14 residents, 10 current and 4 discharged. I saw documented risk based housing decisions for each resident identified as either vulnerable or aggressive.

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.

- Documents Reviewed: Pre-Audit Questionnaire
 PREA Zero Tolerance Policy
 Resident Reporting Brochure given at Intake
 Documentation of a written allegation of sexual abuse (unfounded)
 Reporting Brochures in Resident Lockers and Pencils on Units
 Staff Orientation Check List for Mandated Reporting Training
 MOU with Crime Victims’ Center of Chester County
 Pa. Child Protective Services Law
 Pa. 3800 Child Care Regulations
 Pa. Bureau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
 Fourteen Random Resident Files
 Youth Center Visiting Policy
 Youth Center Phone Policy
- Interviews: Ten Random Staff
 Ten Random Residents
 Director of the Crime Victims’ Center of Chester County
 PREA Coordinator

The policy mandates that residents can make reports of sexual abuse or sexual harassment verbally, in writing, anonymously and through third parties. The 10 staff interviewed and the 10 residents interviewed knew this and could tell me the ways they can report at the Chester County Youth Center. It should be noted that many of the residents stated they would tell a trusted staff and this is confirmation of the culture of safety and respect at the Center. The residents can also use the “Blue Phone” which is located across from the visiting room. It goes directly to the Crime Victims Center of Chester County. I tried the phone during the tour and when you pick up the receiver it goes directly to the CVCCC. When I spoke to the Director of the Crime Victims Center she acknowledged the terms of the MOU, which among other things allows for the acceptance of Reports of Sexual Abuse. There is a PREA drop box on each living Unit. The one unfounded allegation of sexual abuse is the last 12 months was reported by use of the reporting brochure being placed in the PREA drop box, which is locked and the PREA coordinator checks each day. I reviewed all the reports associated with this allegation , including the communication to and from the Chester County Detectives.

The residents can also file a grievance. The policy does not require a child to submit a grievance to the staff involved. The grievance process has the required timelines and provides for the use of an emergency grievance. The grievance policy is required by the Pa. 3800 Child Care regulations. It requires that both residents and parents be advised of and sign a written acknowledgement of the policy during Intake. I saw documentation of this in the resident files that I reviewed. I did not see any citations for not providing the grievance policy in the most recent Licensing and Inspection summary. The policy allows a parent or guardian to file a grievance for a child, even if the child refuses to do so.

Residents also receive visiting twice a week from parents and guardians and phone calls once a week. Several shelter residents state they receive home passes periodically and one girl in Shelter goes out to school every day. Attorneys, Probation Officer and Caseworkers can and do visit and call whenever they wish. The majority of residents stated that they saw the Public Defender while in the Center. One resident stated he wanted to contact his lawyer and I passed that information on to the PREA Coordinator. Throughout the facility are posters with phone numbers and addresses for reporting.

Staff stated that they report to Child Line, under penalty of law and to their supervisor. They state they can privately report by going to the PREA Coordinator or to the Director.

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.

Documents Reviewed: Pre- Audit Questionnaire
 PREA Zero Tolerance Policy
 Grievance Form
 Pa. 3800 Child Care Regulations
 Pa. Bureau of Human Services Licensing 2016 Annual Licensing and Inspection Summary
 Fourteen Random Resident Files

The PREA Zero Tolerance Policy requires a grievance procedure for the reporting of Sexual Abuse and Sexual harassment. There have been no grievances in the past 12 months alleging sexual abuse or sexual harassment. The policy does not impose a time limit on a grievance for sexual abuse or sexual harassment, nor does it require the grievance to be submitted or referred to the staff person named in the grievance. The policy allows for an emergency grievance procedure and response within 48 hours. Third parties, such as parents, guardians, and attorneys can assist in the filing of a grievance or can file a grievance on behalf of the resident. The policy does not allow for any disciplinary action for a grievance filed in good faith.

The Pa. 3800 regulations require a grievance procedure to be issued to every resident and parent/guardian as part of the Intake process. A signed acknowledgement of receipt must be obtained. I saw documentation of such in the 14 random resident files that I reviewed. There were no citations for not providing the grievance procedure for either Shelter or Detention in the most recent Licensing and Inspection Summary.

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.

Documents Reviewed: Pre-Audit Questionnaire
 PRE Zero Tolerance Policy
 Resident Reporting and Support Services Pamphlet
 MOU with Crime Victims’ Center of Chester County
 Youth Center Visiting and Telephone Policy

Interviews: Ten Random Residents
 Director
 PREA Manager
 Director of the Crime Victims’ Center of Chester County (phone interview)

Both the Youth Center policy and the PREA Zero Tolerance Policy require parental visiting and phone calls. The policy and the Director state that residents receive one phone call a week and visiting twice a week. All residents interviewed state that they receive their phone calls and are eligible for visits. Not all residents receive visits, because there parents have transportation issues. Residents state they can speak to

their attorney or probation officer/caseworker upon request. Several of the residents stated that they see the Public Defender before court. One resident asked to speak to his attorney and I passed that information to the PREA Coordinator. The PREA reporting/services brochure is given to each resident at Intake and another copy of the brochure is placed in their locker on the living unit. The brochure, along with posters throughout the facility, give the phone number and address for the Crime Victims Center of Chester County. Most of the children were able to tell me of some of the services provided for outside emotional support and when cued, all of the residents were able to tell me this. There is an MOU with the center and they come once a month to do resident education regarding what services they offer.

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.

Documents Reviewed: PREA Brochures in Youth Center Lobby on Bulletin Board
Chester County Youth Center Website
Pre-Audit Questionnaire
PREA Zero Tolerance Policy

The PREA Zero Tolerance policy requires an avenue for third party reporting. The Chester County Youth Center on its website, provides reporting information for Third Parties. It lists the contact information for the Director of the Youth Center, the Chester County Detectives and Pa. Child Line. The same information is on a bulletin board in the Front Lobby of the Youth Center.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Staff Training Curriculum
Pa. Child Protective Services Law

Interviews: Director
PREA Coordinator
Nurse
Psychologist
Ten Random Staff

The Policy requires that all staff report any knowledge of or suspicion of sexual abuse or sexual harassment to Child Line and to their

supervisor. All staff are mandated reporters under penalty of law as outlined in Pa. Child Protective Services Law. All staff receive and sign off on mandated reporter training. Those interviewed, including the nurse and psychologist could state who they would report to and that it would be documented and done immediately. The report would also remain confidential. Medical staff inform all residents of their duty to report, prior to initiating services, but do not need consent for a resident under 18 or a resident over 18 if the incident happened at the Youth Center.

The Director and the PREA Coordinator stated they are required by the Pa. Bureau of Human Services to file a report within 24 hours and to advise parents/guardians, probation officer and caseworkers of an allegation of sexual abuse. If there was an attorney of record they would also notify them. These notifications are documented through what is called a "HCSIS" report.

I saw documentation of one report in the past 12 months and the subsequent report by staff to the Chester County Detectives. The probation officer was also notified of this allegation. It was immediately unfounded as a false report by the Detectives.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Ten Random Staff
Director

The Policy requires all staff to take immediate action to protect a resident from imminent sexual abuse. This may include a safety plan of one on one supervision or the change of housing, including a room or pod. It may also include having a staff work in a different unit. There have been no incidents of alleged imminent sexual abuse in the past 12 months. However, both the 10 random staff interviewed and the Director responded with the appropriate action for such an incident.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Documentation of Reports to other Agencies

Interviews: Director

The Zero Tolerance Policy requires the Director or his designee to report any allegation of sexual abuse that occurred in another facility to that Director of that facility and to Child Line. The Policy requires this to be done within 72 hours of the report and for the action to be documented. In the past 12 months the facility received two such allegations and the Director, who was interviewed, notified the Director of

the other facility within 72 hours and notified Child Line. The reports and times were documented and I reviewed the files for both reports while onsite. The policy also requires documentation and investigation if the facility should receive a report from another facility regarding an allegation of sexual abuse. There have been no allegations of sexual abuse at the facility reported by another agency within the past 12 months. The interview of the Director and the policy indicates that the procedure would be followed.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
First Responder Printed Materials, Cards and Posters
Staff Training Curriculum
Staff Training Logs

Innterviews: Ten Random Staff
Control Room Staff

There have been no incidents that have required a response by a first responder. However, interviews and review of policy confirm that staff would be able to perform the duties if need be. The policy requires that the staff seek assistance, separate the victim, secure the scene, report to their supervisor and document and contact the medical department. This information is also contained on “first responder cards” and first responder checklists posted throughout the facility that can be pulled down from the wall and used as a reference. Most of the 10 random staff interviewed could reiterate these duties. Some pulled out the card they carried and referred to that, as they would in an emergency. The Control Room staff that I interviewed would secure the scene and immediately contact a first responder. All staff have received specialized training from the Chester County Detectives on how to protect the evidence at the scene.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Alleged Abuse and Sexual Assault Checklist

Interview: Director

As described in the PREA Policy and in the interview with the Director, although there has been no incident that has required this coordinated response, the procedure is in place. The PREA team has developed an Alleged Abuse and Sexual Assault Checklist that walks a staff through who to contact, in what sequence and what action to take and when. It actually requires, each item to be checked off. It seems

to be a fail proof way to coordinate actions.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Current Union contract with Teamsters Local#384
Pa. Child Protective Services Law

Interview: Director

The PREA Zero Tolerance Policy states that there is nothing that prevents the facility from removing a staff person from the unit or facility to protect residents from contact with abusers. The current Union contract, which is currently being negotiated has no clause that prohibits this management right. When an allegation of sexual abuse is made the Pa. CPSL requires that a safety plan be submitted to them protecting that child and the other children from the named staff for the length of the investigation. This many times requires suspending staff, or placing them in a job where they would have no child contact. There have been no incidents that have required this.

Standard 115.367 Agency protection against retaliation

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director
PREA Coordinator
Caseworker who monitors Retaliation

The policy requires that if anyone who reports sexual abuse or sexual harassment or cooperates with such an investigation be monitored for retaliation. The interviews with the PREA Coordinator and the Director show that in th Chester County Youth Center, the staff responsible for monitoring retaliation would be one of the Caseworkers. She was interviewed and states that she would initiate contact with a resident who reported sexual abuse and let them know that she was available. She would continue to monitor the situation for length of stay and would institute a written safety plan and change housing if need be. If a staff person was being retaliated against, she would probably include Human Resources in the reponse. She discussed various behavior changes to look for in both staff and residents who are being retaliated against.

Although there have been no incidents of retaliation, the Director discussed an incident of staff bullying and the disciplinary action that was taken toward them. I feel that this is a good indication of how retaliation would be appropriately handled.

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.

This standard does not apply. The Chester County Youth Center is prohibited from using isolation by the Pa. 3800 Child Care Regulations.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
MOU Chester County Detectives
Documentation of Unfounded Alleged Sexual Abuse in the past 12 months.

Interviews: Director
PREA Coordinator

The Chester County Youth Center does not perform Criminal or Administrative Investigations. The Policy states that when there is an allegation the Chester County Detectives and Child Line will be called. There is an MOU with the Chester County Detectives. The Youth Center staff have no investigators, nor have they received any investigative training. They gather enough information to report to the above and to protect the child. Any administrative review is done after the fact as a 30 day incident review.

Both the PREA Coordinator and the Director state they have an excellent working relationship with the Chester County Detectives and the same detective is assigned to all cases at the Youth Center. He keeps them informed and is a phone call away. I reviewed the documentation for the one allegation and the email from the Detective. All records and documentation of investigations are kept separately and for at least 10 years. All other substandards are the jurisdiction of the law enforcement agency.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

The policy states that the agency shall not impose any standard higher than preponderance of the evidence when determining if an allegation of sexual abuse or sexual harassment is substantiated. Although contained in policy, the Chester County Youth Center does not substantiate allegations of sexual abuse. That is the jurisdiction of law enforcement or Pa. Child Line.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

The Policy requires that if a resident alleges sexual abuse or sexual assault in that facility that they are to be notified as to the outcome of that investigation. The Director states that the length of stay is quite short and that the investigation most times takes longer. He states that even if a child is discharged, they will attempt to notify that child as to the outcome of the investigation. Child Line sends a written notice to both the facility and the victim. There have been no incidents that have required this 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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

There have been no incidents in the past 12 months that have required staff discipline for sexual abuse or sexual harassment. However, the policy states that termination is the presumptive discipline for sexual abuse. The facility would still report to law enforcement if a staff was terminated or resigned due to an allegation of sexual abuse. Although there have been no incidents of sexual abuse, the Director did state that

three staff involved in a bullying incident of a resident had been disciplined; two were terminated and one went through remedial training. This demonstrates how employee discipline is handled.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Director

The Prea Zero Tolerance Policy requires that any volunteer or contractor alleged to have committed a sexual abuse or sexual harassment be immediately removed from the facility. There have been no such incidents in the past 12 months. During an interview with the Director, he stated that he would prohibit the volunteer or contractor from entering the facility, report them to Child Line and the County Detectives and notify their agency.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Pa. Child Protective Services Law
Pa. 3800 Child Care Regulations

Interviews: Director
Nurse
Psychologist

There have been no incidents that have required discipline of residents. The PREA Policy and the Pa. CPSL prohibit discipline of a resident for a report made in good faith. The Youth Center Policy and the Pa. 3800 Child Care Regulations prohibit any sexual contact between children, however if the contact is consensual, it is not reported as Sexual Abuse unless the child is under the age of consent. Any contact between a child and a staff member would result in resident discipline only if the staff did not consent. According to the Director, there is not a disciplinary process, because they do not discipline the residents. A child would be placed on Unit confinement for their protection or the protection of the other residents and it would be referred to the Juvenile Court.

A review of the documentation of the one unfounded allegation did not result in any discipline.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Fourteen Resident Files

Interviews: Caseworker who conducts Risk Assessment
Nurse
Psychologist
Two Residents who disclosed prior sexual abuse

The PREA Policy requires all residents to be screened within 72 hours of Intake by a Caseworker for Vulnerability to Victimization. If they disclose that they have been a victim of prior sexual abuse or they are or have been perpetrators, the Caseworker states she offers a Medical or Mental Health follow up assessment. If they do want a follow up, she schedules it within 14 days with either the Youth Center nurse or the contracted psychologist. Both of these medical professionals were interviewed and state that a resident who desires a follow up is seen within 24-48 hours. I saw during the tour, where medical files are kept in the nurses' office with only medical staff, caseworkers, administration and the PREA Coordinator having access. There were no secondary materials, because no resident had requested follow up. All residents who do not want the offered assessment sign a declination. I reviewed 14 random resident files, 10 active and 4 discharges. Files of 4 residents disclosed prior abuse and one file identified a resident as a perpetrator. All were offered Medical or Mental Health follow up and none accepted the offer. I saw signed declinations in each instance. It should be noted that many residents have therapists in the community who visit them in the Youth Center.

Both the nurse and the psychologist state that they notify all residents that they are mandated reporters before the initiation of services. This includes residents who are both over and under 18.

I interviewed a resident from Shelter and a Resident from Detention who had disclosed a prior sexual abuse Both stated they were offered a Medical or Mental Health Assessment but declined. The Detention resident stated he had dealt with it many times over and didn't want to deal with it again. The female Shelter resident I interviewed said that she decided it was now time to seek counseling, although she had declined when previously asked by the Caseworker. She asked me to notify the PREA Coordinator that she would like to see a counselor. I did so and the PREA Coordinator immediately set up an appointment.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: MOU with Du Pont Hospital
Nurse
Psychologist
Ten Random Staff who would be first responders.

There have been no incidents in the past 12 months that require emergency medical services for a victim of sexual abuse. The PREA Zero Tolerance Policy requires that resident victims be given emergency medical and mental health services. These services will be free of cost and are consistent with community level of care. There are nurses on duty for the awake shifts and the nursing supervisor is on call. There is an MOU with the DuPont Hospital for Children for emergency forensic examinations and medical treatment. Both the Nurse and Psychologist confirm that the residents have access to these services and that they are consistent with community level of care and determined by their professional judgement. All residents are offered STD testing, protection information and all legal pregnancy related services in a timely manner as described in the policy. Staff interviewed responded that they knew this Medical protocol

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy

Interviews: Nurse
Psychologist

The Policy was amended to include all necessary verbiage prior to the onsite portion of the Audit. There are full time nurses and contracted doctors and a contracted psychologist. Additionally, the Crime Victims Center offers free counseling for all victims of sexual abuse. There have been no resident on resident perpetrators identified however the policy states and the interviews confirm that if there was a resident who was identified as a resident on resident perpetrator, no matter in what institution it occurred, would be offered counseling within 90 days. This would be offered by the Crime Victims' Center.

All female residents would be offered all legal pregnancy related services as soon as the pregnancy was reported according to the Nurse. The psychologist states that she would provide an assessment and services and/or follow up care in the community. An after care plan would follow each resident who was in need of services. This would be provide free of cost and would be consistent with community level of care.

Standard 115.386 Sexual abuse incident reviews

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

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

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Sexual Incident Review Form

Interviews: Director
Asst. Director
Lead Supervisor
PREA Coordinator

There have been no incidents in the past 12 months that would require a sexual incident review. However, the policy and procedure are in place to conduct one if need be. Those interviewed and the policy state that the review would convene within 30 days of the completion of the investigation and would include those that were interviewed as well as Medical, Mental Health, the Crime Victims Center, with input from line staff and supervisors and the PREA team. The physical location of the incident would be examined, the staffing pattern, the video tapes, and the following variables would be considered: gang affiliation, sexual identification, race, ethnicity, and group dynamics. A report would be completed by the PREA Coordinator with recommendations to prevent future incidents. It would be noted why or why not any recommendations would be followed. This would be submitted to the Director and well as the Human Services Director.

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.

Documents Reviewed: Pre- Audit Questionnaire
PREA Zero Tolerance Policy
Youth Center website with aggregated data

Interviews: Director
PREA Coordinator

The policy requires the collection of individual and aggregated data. The PREA Coordinator is responsible for this collection. The Director and the Coordinator state that the data is reviewed on an ongoing basis to make any immediate changes and then is looked at in an aggregate fashion to determine any trends or issues. The Chester County Youth Center website has public documents with data in the form of annual reports and the PREA Audits. The Department of Justice has not requested the aggregated data.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Toleranc Policy
Annual Reports
Chester County Youth Center website

Interviews: Director
PREA Coordinator

The Poliicy requires that the Annual reports be reviwed by the Director and made publically available. They need to contain data and any corrective action that needs to be taken. The data should be compared year to year. The Director stated in his interview that he would approve all eports before they are posted on the website and the PREA team would collaborate with the PREA Coordinator to compile this information using all reports and personal identifiers would be redacted.

I reviewed the website and it includes the aforementioned reports.

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.

Documents Reviewed: Pre-Audit Questionnaire
PREA Zero Tolerance Policy
Chester County Youth Center Website Annual Reports

Interviews: Director
PREA Coordinator

The policy requires and the PREA Coordinator confirms that all data is securely retained She keeps all records under lock and key. She removes personal identifiers and the Policy requires that all data be kept securely for at least ten years. When the data is made public on the website the staff and resident personal identifiers have already been removed.

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.

Maureen G. Raquet

November 18, 2016

Auditor Signature

Date