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Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities

Interim Final

Date of Report February 19, 2020

Auditor Information

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Telephone: 845-594-8161	Date of Facility Visit: January 22-23, 2020

Agency Information

Name of Agency Delaware County Juvenile Detention Center		Governing Authority or Parent Agency (If Applicable) Delaware County Board of Judges	
Physical Address: 370 N. Middletown Rd.		City, State, Zip: Lima, PA 19037	
Mailing Address: 370 N. Middletown Rd.		City, State, Zip: Lima, PA 19037	
Telephone: 610-891-8660		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: To provide safe, temporary custody which minimizes the damaging effects of confinement and physical care which fosters growth. To meet the special needs of detained children through professional guidance. To promote the rehabilitation of the detained child through cooperative relationships with all Juvenile Court personnel.			
Agency Website with PREA Information: www.delcopa.gov/courts/juveniledetentionprea.html			

Agency Chief Executive Officer

Name: Mark Murray	Title: Facility Director
Email: murraym@co.delaware.pa.us	Telephone: 610-891-8670

Agency-Wide PREA Coordinator

Name: Parjinder Singh	Title: Deputy Director
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Email: singhp@co.delaware.pa.us	Telephone: 610-891-8672
PREA Coordinator Reports to: Facility Director	Number of Compliance Managers who report to the PREA Coordinator 1

Facility Information

Name of Facility: Delaware County Juvenile Detention Center			
Physical Address: 370 N. Middletown Rd. Lima, PA 19037			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 610-891-8660			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: To provide safe, temporary custody which minimizes the damaging effects of confinement and physical care which fosters growth. To meet the special needs of detained children through professional guidance. To promote the rehabilitation of the detained child through cooperative relationships with all Juvenile Court personnel.			
Facility Website with PREA Information: www.delcopa.gov/courts/juveniledetentionprea.html			
Is this facility accredited by any other organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Facility Administrator/Superintendent

Name: Mark Murray	Title: Facility Director
Email: murraym@co.delaware.pa.us	Telephone: 610-891-8660

Facility PREA Compliance Manager

Name: James Stickney	Title: Compliance Manager
Email: stickneyj@co.delaware.pa.us	Telephone: 610-891-8660

Facility Health Service Administrator

Name: Pat Farley	Title: Nurse
Email: juvnurse@co.delaware.pa.us	Telephone: 610-891-8664

Facility Characteristics

Designated Facility Capacity: 66	Current Population of Facility: 23
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Number of residents admitted to facility during the past 12 months		483
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		227
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		143
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	10-21	
Average length of stay or time under supervision:		17.5 days
Facility Security Level:		Non-secure detention
Resident Custody Levels:		medium
Number of staff currently employed by the facility who may have contact with residents:		61
Number of staff hired by the facility during the past 12 months who may have contact with residents:		6
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 1		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		5
Number of Open Bay/Dorm Housing Units:		0
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
Detention Center has 35 internal cameras that are monitored from a control center. Cameras are located in all hallways, gym, dining room, and on all residential units. Video retention is 54 days.		
Medical		
Type of Medical Facility:		Juvenile Detention Center
Forensic sexual assault medical exams are conducted at:		Riddle Hospital
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		0
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

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

The Prison Rape Elimination Act (PREA) audit of the Delaware Juvenile Detention Center was conducted on January 22-23, 2020. This facility was initially audited during the first PREA cycle in March 2015 and was re-audited during the first year of the second PREA three-year cycle on September 23, 2017 and was found to be in full compliance.

Delaware County Juvenile Detention Center is a county-run facility with a 66-bed licensed capacity. It was originally built in 1971 and E-Wing was added on in the late 1980's. Currently, five thirteen-bed units are in operation with one being designated for females and the remainder for males. The age range is 10-21. The average length of stay is approximately 17.5 days because this is juvenile detention center where children are placed by order of the court or by Juvenile Probation for the protection of the community or to ensure their presence at their hearings.

The 34,744 square foot building is located on 2.74 acres and is part of a county campus that includes a geriatric center and is adjacent to the 911 Emergency Call Center. The center is located in Middletown Township, Lima, Delaware County in suburban Philadelphia.

The PREA audit took place on January 22-23, 2020 in Middletown Township, Lima, Pennsylvania; the resident population was twenty-three (23). Prior to the arrival the auditor reviewed pertinent detention center policies, procedures, and related documentation used to demonstrate compliance with Juvenile Facility PREA Standards. The pre-site review of documents contained in the Pre-Audit Questionnaire submitted by the Detention Center prompted a few questions. During this pre-audit time period, through emails and phone calls with the PREA Coordinator, uploaded information and documentation were discussed and clarified. The PREA Coordinator was also courteous and provided additional information in an expeditious manner.

Notifications of the on-site portion of the audit were posted throughout the facility and accessible to staff, residents, and visitors on December 9, 2019. Photographs of the various sites were emailed to this auditor noting the date and their locations. Emails and phone calls between this auditor and the Detention Center PREA Coordinator took place on a regular basis in the months leading up to the on-site portion of this audit to review the audit process, schedule, and to request any additional information that was needed to review.

Upon arrival at the facility on January 22, 2020 at approximately 8 am, this auditor met with the Director of the facility, Deputy Director, and PREA Coordinator to discuss the audit schedule and review any questions or concerns anyone had about the on-site portion of the audit. The meeting was followed by a detailed tour of the entire facility.

The facility was very clean and well maintained for a facility that was built in 1971. During the tour, I saw the audit postings in all the areas that residents have access to and in every living unit and in the main lobby. In addition, there were PREA posters in both Spanish and English in all areas, describing sexual abuse and providing reporting information for Woman Against Rape (WAR).

I observed the PREA Hotline in the Chapel/Conference Room during the tour. This is a hotline to Women Against Rape (WAR). There were posters next to the phone with "Hotline" in large letters. All one has to do is pick up the phone and it dials directly to WAR. I proceeded to pick up the phone and reached the answering service for WAR. On January 3rd, I contacted WAR (a member of the Pennsylvania Coalition Against Rape, PCAR) and spoke to the Director. The Director confirmed both the reporting capability and all other services in the Memo of Understanding (MOU) provided to me, including crisis intervention and providing a victim advocate for issues at the Delaware County Juvenile Detention Center.

During my tour I observed residents in school, during breakfast, and on the units. Additionally, during the tour, I spoke to a few residents who informed me of their daily routine at the facility. They also articulated the PREA education they received upon admission. They described the Delco specific power point presentation which they viewed about zero-tolerance and reporting. They said that they were given a pamphlet and a sign off form on the PREA zero-tolerance and reporting information. This process is part of the intake procedure which takes place in the Intake Area. This area has a private shower/toilet room and staff stands outside of the room while the resident changes into the Delco jumpsuit. There are no cameras in the search area and there are PREA posters throughout the area.

All residents receive physicals in the Medical Suite within seventy-two (72) hours of admission. I observed the private room where residents are seen and given their physicals. There were PREA posters in the room. The nurse described the training she had received and how to report any sexual abuse or sexual harassment. I also toured the Mental Health Clinic, which is part of the Medical Suite; where I saw private offices and locked cabinets.

All staff use the hand-held radios to communicate to the control room when they are in movement to any area. The staffing ratio of 1:6 was also maintained. Staff of the opposite gender were observed announcing themselves when entering a living unit. There were postings next to the door of each unit, directing the opposite gender staff to announce themselves.

The Delaware County Criminal Investigative Division (CID) conducts all criminal investigations and there is a Memo of Understanding (MOU) that was provided to this auditor. The Pennsylvania Department of Human Services conducts all administrative investigations, Child Line is a toll free number to report allegations of abuse.

Unannounced rounds were completed on a regular basis by the administrative staff on all three shifts. Logs were reviewed by this auditor, as well as were the Unannounced Rounds Tracking Form. All met the standard requirements. I asked both boys and girls if they could dress and use the bathroom in privacy and they responded "yes" to the question. The female residents stated that only female staff do room checks and run showers. The male residents stated that only the male staff conduct room checks and run showers. All staff that I spoke to stated that they received PREA training and that Administration conducts regular, daily, unannounced rounds.

The conference room in the front of the building is used for visiting, which occurs five (5) days a week. There were PREA reporting posters in English and Spanish in this room, as well as, in the waiting area of the front lobby. There is a mailbox in the front lobby for parents and visitors for reporting, as well as signs about sexual abuse and domestic violence.

After the tour was concluded, I conducted interviews privately in the Chapel / Conference Room. Interviews were also conducted on the second day. I requested to re-visit a unit and school area on the second day. The following staff and residents were interviewed:

- Director
 - Conducts unannounced rounds
 - Member of the Sexual Abuse Incident Review Team
 - Monitors retaliation
- PREA Coordinator
 - Conducts unannounced rounds
 - Monitors retaliation
 - Interviews employees
 - Monitors child abuse and criminal history clearance
- Case Manager
 - Administers the Vulnerability Assessment
- Case Worker
 - Member of the Sexual Abuse Incident Review Team
- Admission Staff
 - Conducts Intake Education
- Mental Health Therapist
- Psychologist – Contracted Employee
- Registered Nurse
- 10 Random Staff
- 10 Random Residents

Randomly selected staff members interviewed had years of experience that ranged from eight (8) months to twenty-one (21) years. Staff members interviewed were from all three (3) shifts. All staff were very knowledgeable about PREA, the PREA Policy, and reporting and responding to incidents and allegations of sexual abuse, sexual assault, and sexual harassment. Staff members interviewed were professional and committed to PREA. Staff stated they have been trained to take all suspicions knowledge, or reports of sexual abuse seriously regardless of how the information was received. Staff were aware of their roles as mandated reporters. Staff are full-time and work permanent shifts with permanent days off. There are a total of sixty-eight (68) full-time staff and sixty-one (61) are direct care staff. There is a Union, AFSCME DC 88.

I was provided with the facility resident roster which consisted of twenty-three (23) residents, four (4) girls and nineteen (19) boys; which included all residents that identified as LGBTI, who disclosed a prior sexual abuse, or who were disabled or non-English speaking. Ten (10) residents were interviewed, two (2) girls and eight (8) boys. There were zero (0) residents who reported sexual abuse. There were zero (0) residents in the population who identified as lesbian, gay, or bisexual. There were no transgender or Intersex residents in the current population. There were no residents that were disabled or non-English proficient.

I reviewed the files of ten (10) staff for required documentation, and ten (10) residents. The ten (10) files were of those residents that I interviewed.

Residents have several avenues to contact independent agencies to report instances of sexual abuse and sexual harassment. "The PREA Hotline," which goes directly to Women Against Rape (WAR), for one. Addresses for WAR were posted throughout the facility in both English and Spanish. This information is also in the resident handbook which is given to residents upon Intake. Residents watch an age appropriate Power Point presentation during the Intake process with specific reporting information. There is a PREA box on every unit. It has PREA brochures with attached reporting forms. The forms can be filled out and placed in the locked metal box, which is checked by the PREA Coordinator and the Director on a daily basis. Residents have a grievance process for reporting including reporting to parents and guardians through visits and phone calls. Attorneys, Probation Officers, staff, and case workers can call. Staff and residents knew that they could report verbally, in writing, anonymously, and through third parties. Most residents were aware that there were victim advocates and services available to them in the community through WAR.

The following MOU's are in effect:

- MOU with Riddle Memorial Hospital for Forensic Examinations with SAFE/SANE
- MOU with Delaware County Criminal Investigation Division, that conducts criminal investigations
- MOU with Delaware County Women Against Rape (DCWAR) to provide services to sexual assault victims

During the past twelve (12) months, there have been no allegations of sexual abuse or sexual harassment against staff or residents. This auditor reviewed reports from Pennsylvania Department of Human Services (Pa DHS).

At the conclusion of the on-site audit, a brief Exit Interview was held on January 23, 2020 with the Director of the Facility and the PREA Coordinator. The preliminary results of the audit were discussed.

Facility Characteristics

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

Delaware County Juvenile Detention Center is county run with a 66-bed licensed capacity. It was originally built in 1971 and E wing was added on in the late 1980's. Currently, five, thirteen bed units are in operation, with one being designated for females and the remainder for males. The age range is 10-21. The average length of stay is approximately 17.5 days (per 2018 statistics), because this is a juvenile detention center, where children are placed by order of the Court or by Juvenile Probation for the protection of the community or to ensure their presence at their hearings. The children attend school and receive testing to aid the Court in disposition. The director of this facility is Mark Murray and he reports directly to the President Judge of the Delaware County Court of Common Pleas. AFSCME represents Direct Care Staff. There are 72 full time

staff, including Detention Officers, Administration, Nurses, and Kitchen staff. Contracted employees include the teachers provided by the Delaware County Intermediate Unit, the Mental Health Care Staff from the Child Guidance Center, the Dentist, Psychologist and the Nurse Practitioner, who conducts physicals. This facility is licensed by the Pa. Department of Human Services under the 3800 regulations governing child care.

The 34,744 square foot building is located on 2.74 acres and is part of a County campus that includes a geriatric center and is adjacent to the 911 Emergency call center. The center is located in Middletown Township, Lima, Delaware County in suburban Philadelphia. It is approximately 1.5 miles from busy U.S. Route 1 and sits off Rt. 352. The building is surrounded by a very high fence and to reach the front door you must be buzzed into the interior parking lot by the control room staff. The exterior of the building is of brick construction and the interior is cinder block. There are 5 wings designated by letters on two floors. There is a full basement that is not accessible to the residents. A wing, the Administrative area, has a public reception area with two bathrooms, a metal detector, control booth, two visiting rooms, Administrative offices, a training room, also used for visiting, and a chapel/multi-purpose room, where the PREA hotline is located and where interviews of staff and residents took place. The Intake Area is off the Administrative wing and has a separate drive up entrance/sally port. There is a shower/search bathroom, a laundry room, storage (not child accessible), and an Intake office area with built in counters where a PREA informational video is shown during Intake. B wing is comprised of a large gymnasium, 6 classrooms, and a cafeteria and kitchen. The art room is now a recreation room with an office for the Program Supervisor and pool tables and a pinball machine. Adjacent to B wing is a long hallway to E wing, which is in a "newer" wing, added on in the late 80's. E1 is the girls' unit and is at the end of the hall. You must knock and announce before entering and the windows in the entry door have been made opaque to limit viewing. You enter the unit into a common area, with a television and furniture and a large window wall directly across the room. To the right is a long hall with 12 separate individual rooms with a built in bed and toilet. Adjacent to the dayroom is a glass enclosed staff office with a staff bathroom. To the left of the office is one individual room and a laundry room. This individual room is used for either vulnerable or aggressive residents because it is completely separate from the other 12 rooms and receives more staff supervision.

The shower room opens into the common area and has three shower stalls and a bathtub, sink, and toilet. A door at the end of the hall, where the bedrooms are located, opens into a stairwell that is used for fire drills for this unit and for the unit above it, E2, a boys' unit. This stairwell is only used for fire drills and not for daily use. A stairwell on the first floor hall near the door to E1 is used for the boys and staff to access E2. This unit has the same physical layout (13 single rooms) as the unit below. It is used for boys who have achieved "gold" status and has more recreational items, such as video games in the day room. Through a long glass enclosed hall is C wing and D wing. C1 has 13 beds and a very similar layout to the previously described units. A small room directly off the hallway and next to the doorway is used by the nurse to dispense medication to the male residents. C2 is on the second floor above C1 and is currently not in use, except for an office with Video conferencing capability, used for the 72 hour Detention hearing and communication with the residents' public defenders. D1 is physically the same as the other units with 13 beds and a bathroom with three showers, a sink, toilet and tub. D2, on the second floor, is not used to house children; it is used as the "Medical Wing" and also houses caseworkers, mental health workers, a clinic for a mobile dentist and record keeping area. There are small examining rooms, where the residents can be seen privately. There is a fitness center with treadmills and other machines in one end of the wing. There are several recreational yards that are used by the children during nice weather and are inside the high fenced enclosure. There was a basketball court and several picnic tables under a large shade tree in the large courtyard. The facility has a total of 35 cameras in total. Cameras stationed in the hallways, dayrooms in the units, and common areas, as well as outside the building. These are monitored in the control room in A wing. Keys are used for some

interior doors, whereas, you are buzzed in and out of exterior doors. All staff use walkie-talkies to communicate their whereabouts to the control room.

Summary of Audit Findings

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

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

Delaware County Juvenile Detention Center has implemented a PREA Policy (19.1). This policy comprehensively addresses this facility’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains necessary definitions, sanctions, and descriptions of the facility’s strategies and responses to sexual abuse and sexual harassment; and forms the foundation for the facility’s training efforts with residents, staff, volunteers, and contractors.

The facility has a designated PREA Coordinator. The PREA Coordinator’s interview, during the on-site portion of this audit, demonstrated that Delaware County Juvenile Center (DCJC) is committed to the sexual safety of the residents. All staff members and residents interviewed demonstrated they not only received but understood the education and training that was offered to them.

There is a Memorandum of Understanding (MOU) with Riddle Hospital. It is noted in the MOU that Riddle Hospital will provide SAFE/SANE’s for all forensic medical examinations for residents. There is a MOU with Delaware County Women Against Rape (DC WAR) to provide victim advocacy and emotional support in the event of an incident of sexual abuse. There is a MOU with the Delaware County Criminal Investigation Division to conduct criminal investigations. This information is posted on their website.

All residents admitted to the facility received timely PREA education at Intake. They view a Power Point presentation which is age appropriate regarding Delco's PREA Policy and how to report. Within seventy-two (72) hours of admission, the caseworkers conduct the Vulnerability Assessment and the ten (10) day education which includes a review of the zero-tolerance and reporting. Residents sign off on both the Intake and the ten (10) day education. There are posters throughout the facility to educate visitors, staff, and residents. The PREA Coordinator conducts follow up education at thirty (30), sixty (60), and ninety (90) days. Residents are well educated and this was evident during the interviews with the youth.

The Vulnerability Assessment, and medical and mental health follow ups are all done in a timely manner upon admission. The facility has a contract with Child Guidance Clinic that provides Master's level Mental Health Therapists to conduct assessments for every admission as a part of the Intake process. This auditor was provided with secondary documentation of residents identified as perpetrators and/or who disclosed a prior victimization. Documentation of risk-based housing is completed by the caseworker who conducts the Vulnerability Assessment. The process was being practiced.

All staff receive training on the following critical subjects:

1. The facility's zero-tolerance policy for sexual misconduct.
2. How employees should fulfill their responsibilities under agency sexual misconduct prevention, detection, reporting, and response policies and procedures.
3. Residents' right to be free from sexual abuse.
4. The right of the residents and employees to be free from retaliation for reporting sexual misconduct.
5. The dynamics of sexual misconduct in confinement.
6. The common reactions of sexual misconduct victims.
7. How to detect and respond to signs of threatened and actual sexual misconduct.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with the residents, including gay, bi-sexual, transgender, intersex, or gender non-conforming youth.
10. How to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities.
11. Relevant laws regarding the applicable age of consent.

All staff had completed their training, child abuse and criminal history clearances. This auditor reviewed ten (10) random staff files and found them to be in compliance. All resident files were complete for timely PREA education, administration of the Vulnerability Assessment Instrument, Medical and Mental Health follow up, and documentation of risk-based housing decisions.

Number of Standards Exceeded: 4

- 115.313 Supervision and monitoring
- 115.315 Limits to cross-gender viewing and searches
- 115.333 Resident education
- 115.381 Medical and mental health screening; history of sexual abuse

Number of Standards Met:

39

- 115.311 Zero-Tolerance of sexual abuse and sexual harassment; PREA Coordinator
- 115.312 Contracting with other entities for the confinement of residents
- 115.316 Resident with disabilities and residents who are limited English proficient
- 115.317 Hiring and promotion decisions
- 115.318 Upgrades to facilities and technologies
- 115.321 Evidence protocols and forensic medical examinations
- 115.322 Policies to ensure referrals for investigations
- 115.331 Employee training
- 115.332 Volunteer and contractor training
- 115.334 Specialized training: Investigations
- 115.335 Specialized training: Medical and mental health care
- 115.341 Screening for risk of victimization and abusiveness
- 115.342 Use of screening information
- 115.351 Resident reporting
- 115.352 Exhaustion of administrative remedies
- 115.353 Resident access to outside confidential support services and legal representation
- 115.354 Third party reporting
- 115.361 Staff and agency reporting duties
- 115.362 Agency protection duties
- 115.363 Reporting to other confinement facilities
- 115.364 Staff first responder duties
- 115.365 Coordinated response
- 115.366 Preservation of ability to protect residents from contact with abusers
- 115.367 Agency protection against retaliation
- 115.368 Post-allegation protective custody
- 115.371 Criminal and administrative agency investigations
- 115.372 Evidentiary standard for administrative investigations
- 115.373 Reporting to residents
- 115.376 Disciplinary sanctions for staff
- 115.377 Corrective action for contractors and volunteers
- 115.378 Interventions and disciplinary sanctions for residents
- 115.382 Access to emergency medical and mental health services
- 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.386 Sexual abuse incident reviews
- 115.387 Data collection
- 115.388 Data review for corrective action
- 115.389 Data storage, publication, and destruction
- 115.401 Frequency and scope of audits
- 115.403 Audit contents and findings

Number of Standards Not Met:

0

Click or tap here to enter text.

Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

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

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

115.311 (a)

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

115.311 (b)

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

115.311 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Delaware County has implemented a PREA zero-tolerance policy which comprehensively addresses the facility's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. This policy contains the necessary definitions, procedures, and the facility's strategies and responses to sexual abuse and sexual harassment. This policy also outlines the facility's training and education of its residents, staff, volunteers, and contractors. The residents received detailed information about their rights, grievances, and reporting during admission. Interview with the PREA Coordinator shows that he has sufficient time and the authority to coordinate the facility's PREA compliance efforts. The organizational chart reflects that the PREA Coordinator reports directly to the Facility Director.

The following information was utilized to verify compliance with this standard:

- PREA Policy
- Delaware County Juvenile Detention Center Organizational Chart
- Resident acknowledgement of PREA orientation video
- Pre-audit Questionnaire
- Interview with the Director
- Interview with the PREA Coordinator

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

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

115.312 (a)

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

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards?

(N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Delaware County Juvenile Detention Center (DCJDC) does not contract for the confinement of its residents with other private agencies/entities. This was confirmed during an interview with the Director.

Interviews:

- Interview with the Director

Standard 115.313: Supervision and monitoring

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

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes No

115.313 (b)

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

115.313 (c)

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

115.313 (d)

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

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) Yes No NA

- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

DCJDC PREA Policy regarding zero-tolerance states, "...staff to resident ratios shall be maintained at 6:1 during waking hours day and evening shifts, and 12:1 during sleeping hours when residents are secured in their rooms." Programs within DCJDC shall continue to maintain established regulatory staff to resident ratios (the only exception being during limited and discrete exigent circumstances). All justifications for deviations shall be documented and retained. All deviations shall also be communicated to the Facility Director and the Assistant Director. There have been no instances of not meeting the ratio and this was confirmed by interview of the Facility Director and by review of the most recent Pa Bureau of Human Services Licensing and Inspection Summary (Pa BHSL). The Pa BHSL inspects staffing during their annual licensing inspection and throughout the year if there is a reportable incident. The annual Staffing Plan at DCJDC addresses the facility's staffing plan and requirements. This plan is reviewed on an annual basis and was reviewed and revised by the Facility Director on September 10, 2019. This auditor reviewed the annual staffing plan by the PREA Coordinator. The PREA Coordinator reviews staffing on a yearly basis as required. The PREA Coordinator stated that staffing ratios are reviewed on a daily basis to ensure that resident needs are met. The ratio that is required by the Pa 3800 Child Care regulations is 1:6, 1:12 because this is a secure detention facility. The Director and Assistant Director stated that their ratios are usually better than the requirement.

This auditor was provided with the current staff schedules and they showed that the facility was staffed with better ratios than those required by Pa 3800 Child Care regulations. Their schedules are completed on a weekly basis and reviewed on a daily basis. The facility has a procedure for voluntary and mandatory overtime for any emergency staffing, so there are never any deviations. Additional staff are scheduled to work in case of a youth on special program or the facility has a special event. During the tour, this auditor observed staff supervising a group of youth in the dining room, in the classrooms, and on the living units. Unannounced rounds are conducted on by the Facility Director and PREA Coordinator. This was verified by random staff interviews.

This auditor reviewed the log books and the DCJDC Unannounced Rounds Tracking Form, and verified that unannounced rounds occur on a random. This auditor also viewed several videos of unannounced rounds being conducted.

Review of documentation to determine compliance:

- Pa Bureau of Human Services 3800 Child Care Regulations
- Pa Bureau of Human Services Licensing and Inspection Summary
- DCJCC staff schedules
- PREA Policy (zero-tolerance)
- Logs of Unannounced Rounds
- DCJDC Unannounced Rounds Tracking Form
- Documentation of annual review of staff schedules by PREA Coordinator
- Video of random unannounced rounds

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with random staff on all three (3) shifts
- Interview with random residents

Standard 115.315: Limits to cross-gender viewing and searches

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

115.315 (a)

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

115.315 (b)

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

115.315 (c)

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

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) Yes No NA

115.315 (e)

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

115.315 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Delaware County Juvenile Detention Center PREA Policy prohibits staff from conducting cross-gender strip searches or cross-gender pat searches. The policy also prohibits the search or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the Pre-Audit Questionnaire, there were no cross-gender strip searches or cross-gender pat searches during the past twelve (12) months. This was confirmed during the interview with the Facility Director, PREA Coordinator, staff members, and residents during the on-site portion of the audit. Staff stated that they do not conduct them and residents stated that they have never been subjected to a cross-gender pat search. All staff have received training regarding the search of a transgender or intersex resident in a respectful and dignified manner.

There were no transgender or intersex residents in the current population. Staff and residents both stated that staff know to announce themselves when entering a housing unit that houses residents of the opposite gender. I observed posters at the door of every unit and observed the procedure of knocking and announcing during my on-site portion of the audit.

DCJDC policy and procedures enable all resident to shower, perform bodily functions, and change without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. This was verified by interview with staff and residents. Interview with residents verified that female staff do not enter the boys unit and male staff must announce themselves before they are permitted onto the girls units. This auditor did not observe female staff on the boys unit during the tour.

Reviewed documentation to confirm compliance:

- PREA Policy (zero-tolerance)
- Search Policy
- Shower Policy
- Gender Variant Search Preference Form
- Staff Training Curriculum
- Staff Training Logs

Interviews:

- Interview with the Facility Director
- Interview with the PREA Coordinator
- Random staff interviews
- Resident interviews

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

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

115.316 (a)

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

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

115.316 (b)

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

115.316 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Delaware County PREA Policy (zero tolerance) states that all residents that are admitted with disabilities (physical or mental) will be instructed on the detention center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Examples include the detention center's staff reading the PREA pamphlets to vision impaired residents and providing resident education in audio and video format for both vision and hearing impaired.

The PREA Policy also states that DCJDC will ensure that residents with limited English proficiencies are instructed on the detention center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by providing translated copies of resident's rights, grievance procedures, PREA Policy, and PREA pamphlet addressing zero tolerance. The County of Delaware provides contracted interpreting

services to assist the detention center in interactions with language barriers when communicating with residents and/or parents of juveniles. The detention center contracts with Interpreter Talk to provide these services for their residents.

During the on-site audit, there were no residents who were disabled or who were not English proficient. During the tour, this auditor observed postings in English and Spanish throughout the facility. The Facility Director stated that all reasonable accommodations would be made for a resident with a disability.

Reviewed documentation to determine compliance:

- PREA Policy (zero-tolerance)
- English and Spanish Reporting Posters
- County language access phone and Interpretive Services

Interviews:

- Facility Director
- Random staff interviews
- Random resident interviews

Standard 115.317: Hiring and promotion decisions

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

115.317 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.317 (b)

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

115.317 (c)

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

115.317 (d)

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

115.317 (e)

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

115.317 (f)

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

115.317 (g)

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

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy and the Pa Child Protective Services law require criminal history checks, FBI clearances, and child abuse checks for all employees and contractors prior to employment. The PREA Policy states that the Delaware County Juvenile Detention Center shall not hire or promote anyone, nor enlist the services of any contractor who may have contact with residents who fall under the following rule-out criteria:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or program.

2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.
3. Has been civilly or administratively adjudicated to have engaged in the aforementioned offenses.

The PREA Policy also states that the Delaware County Juvenile Detention Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with residents. This is accomplished through background checks, reference checks, and criminal checks.

The Pa Child Protective Services law requires these clearances prior to employment and all new employee files are inspected during the annual licensing inspection, as well as those of contractors and volunteers. A percentage of random employee files were inspected by BHSL and there have been no citations for non-compliance in this area. This auditor inspected ten (10) random staff files, and all had the required clearances.

Per PREA Policy, all employees requiring criminal checks shall have new criminal checks conducted every two (2) years on their anniversary of hire/contract date. This was confirmed during interview with the PREA Coordinator.

Reviewed documentation to determine compliance:

- Pa Department of Human Services 3800 Child Care Regulations
- Pa Bureau of Human Services Licensing and Inspection Summary
- Pa Child Protective Service Law
- PREA Policy
- Review of randomly selected staff files

Interviews:

- Interview with the Facility Director
- Interview with the PREA Coordinator
- Interview with the Business Officer

Standard 115.318: Upgrades to facilities and technologies

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

115.318 (a)

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

115.318 (b)

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

Auditor Overall Compliance Determination

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

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DCJDC develops a Staffing Plan on an annual basis (updated on September 10, 2019 by the Facility Director). The 2019 Staffing Plan was reviewed by this auditor prior to the on-site portion of this audit and was confirmed during the interview with the PREA Coordinator.

Per the PREA Policy, the Delaware County Juvenile Detention Center employs a camera system that is monitored 24/7 by supervisory and central center staff. Cameras cover all unit day areas with most connecting hallways monitored as well. Additional camera coverage includes the outside enclosed yard, gymnasium, and cafeteria. Any modifications, upgrades, expansion to the facility, or the Panasonic DVR system will include consideration of such design, acquisition, expansion, or modification will impact or enhance the ability to protect residents from sexual abuse. This was confirmed during interview with the Facility Director and the PREA Coordinator.

Reviewed documentation to determine compliance:

- PREA Policy
- 2019 DCJDC Staffing Plan
- Tour of the facility

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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

115.321 (a)

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

115.321 (b)

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

115.321 (c)

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

115.321 (d)

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

115.321 (e)

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

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy (zero-tolerance) addresses the availability of victim advocacy services to residents and that services will be provided to the resident at no cost. A review of documentation shows that DCJDC has a MOU with Riddle Hospital. The MOU clearly stated that the Emergency Department at Riddle Hospital will provide a forensic examination conducted by a Sexual Assault Nurse Examiner (SANE) or other similarly credentialed forensic examiner, collect and maintain the integrity of evidence collected during the examination for law enforcement. Investigations are conducted by Delaware County CID or their responsibilities are outlined in the MOU. WAR, a member of the Pennsylvania Commission Against Rape (PCAR), provides a victim advocate.

This auditor spoke to the nurse in the Emergency Department at Riddle Hospital and confirmed SAFE/SANE at Riddle Hospital. This auditor also spoke to the Director of WAR prior to the on-site portion of the audit by telephone and she confirmed the services stated in the MOU.

There were zero (0) allegations of sexual abuse or sexual harassment during the past twelve (12) months. There were no residents to interview who reported an incident of sexual abuse.

Reviewed documentation to determine compliance:

- PREA Policy
- MOU with Riddle Hospital
- MOU with WAR
- MOU with Delaware County Criminal Investigations Division

Interviews:

- Interview with PREA Coordinator
- Random staff interviews
- Nurse
- Phone interview with Director of WAR prior to on-site audit

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

115.322 (a)

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

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

115.322 (b)

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

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PREA Policy states that any reports (direct, indirect, third party) received involving sexual abuse and sexual harassment shall be reviewed by the facility administrator and/or PREA Coordinator to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly, and objectively. If the minimum criteria is met, the allegations shall be reported to the Delaware County Detectives (CID) who have been trained in sexual abuse investigations involving juvenile victims. This auditor verified this information with Sargent Clark during a phone interview on January 23, 2020.

All policies and procedures required by both PREA and the Pa Child Protective Service Law are in place. Interview with the Facility Director stated that all incidents are reported and documented. The website also includes the fact that all allegations are reported to the Delaware County Detective (CID) and Pa Child Line. The DCJDC staff do not investigate allegations but report all of them.

During the past twelve (12) months, there have been zero (0) number of allegations of sexual abuse or sexual harassment. PREA Policy meets all requirements of this standard.

Reviewed documentation to determine compliance:

- PREA Policy
- Pennsylvania Child Protective Services Law (CPSL)
- Delaware County Juvenile Detention website
- MOU with Delaware County Detectives (CID)

Interviews:

- Interview with the Facility Director
- Interview with PREA Coordinator
- Interview with Representative from CID

TRAINING AND EDUCATION

Standard 115.331: Employee training

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

115.331 (a)

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

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

115.331 (b)

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

115.331 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.331 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states all facility employees shall receive instruction related to this policy; and tailored to the unique needs and attributes of resident of juvenile facilities; and to the gender of the residents in the facility on the following critical subjects:

1. The facility's policy on zero tolerance for sexual misconduct.
2. Fulfilling their responsibilities under agency sexual misconduct prevention, detecting, reporting, and response policy and procedures.
3. Residents' right to be free from sexual misconduct.
4. Right of employees and residents to be free from retaliation for reporting sexual misconduct.
5. Dynamics of sexual misconduct in confinement.
6. Common reactions of sexual misconduct victims.
7. How to detect and respond to signs of threatened and actual sexual misconduct.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including those who identify as lesbian, gay, transgender, intersex, or gender non-conforming.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
11. Relevant laws regarding the applicable age of consent.

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

The Pre-Audit Questionnaire documented that all staff currently employed at DCJDC were trained and retained on the PREA requirements during the past year. The facility provided documentation that indicated staff members were, and are, trained as stated and required. These training records for all employees at DCJCS were reviewed by this auditor. All line staff also receive mandated reporter training as per the Pa. Department of Human Services 3800 Child Care Regulations.

All staff interviewed reported that they received training on all areas noted in this standard. All staff interviewed were aware of their obligations related to the PREA Policy (zero-tolerance), their obligations as mandated reporters of abuse, their duties as first responders, and the facility protocols related to evidence collection.

Reviewed documentation to determine compliance:

- PREA Policy
- PREA Training Curriculum
- Mandated Reporter Curriculum
- Pa. Department of Human Services 3800 Child Care Regulations
- Random Employee files

Interviews:

- PREA Coordinator
- Random staff interviews

Standard 115.332: Volunteer and contractor training

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

115.332 (a)

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

115.332 (b)

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

115.332 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy states that non-employees who have contact with juveniles shall receive instruction regarding facility policy, prohibited conduct, prevention, detection, response, and reporting of sexual misconduct prior to assuming responsibilities that include contact with residents. This auditor conducted an interview with a contracted employee. The contracted psychologist was able to tell me that he received training and the extent of the training. He was able to articulate that he would immediately report the incident to his supervisor, as well as document the incident. He is a mandated reporter and has received the mandatory reporter training. A contractor receives a PREA brochure of the PREA Power Point presentation. I reviewed the signed acknowledgement of the training for the contractor.

During the past twelve (12) months, zero (0) volunteers and contractors who were authorized to enter DCJDC have been trained on the facility's policies and procedures regarding how to report incidents or suspicions of sexual abuse, assault, or harassment. All training records were reviewed by this auditor.

Reviewed documentation to determine compliance:

- PREA Policy
- PREA Brochure for contractors
- PREA Power Point for volunteers and contractors
- Training logs
- Signed Training Acknowledgement of a contracted employee
- Signed Training Acknowledgement of a volunteer

Interviews:

- Interview with contracted employee

Standard 115.333: Resident education

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

115.333 (a)

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

115.333 (b)

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

115.333 (c)

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

115.333 (d)

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

115.333 (e)

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

115.333 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that all juveniles, upon intake, shall receive verbal and written information about sexual misconduct during their orientation. The information shall address:

1. The detention center's zero-tolerance for sexual misconduct
2. What constitutes sexual misconduct
3. The detention center's program for prevention of sexual misconduct
4. Methods of self-protection
5. How to report sexual misconduct and retaliation
6. Protection from retaliation
7. Treatment and counseling

Within ten (10) days of their initial orientation, residents will receive age-appropriate education regarding their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents.

This auditor interviewed the Admissions staff who performs Intake education. He stated that he conducts Intake education upon the arrival of the resident. There is an Intake Power Point in both English and Spanish. It is Delaware County specific and age appropriate. The Intake staff explains PREA to each new admit and gives them a brochure with the PREA information and the resident signs off that they received this education. This becomes part of the resident's case file. The ten (10) day education is conducted by a caseworker within seventy-two (72) hours. It is conducted during the Vulnerability Assessment process.

The education is a checklist with each item initialed by the resident. This auditor verified the signed acknowledgements of education in all ten (10) files. All education was provided in a timely manner.

The PREA Coordinator conducts re-education at the thirty (30), sixty (60), and ninety (90) day mark. This was verified by this auditor through sign off forms and interviews with residents.

All residents interviewed stated they were educated upon admission during their intake process. The residents were very knowledgeable about PREA, including the PREA Policy (zero-tolerance), their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting, and multiple ways to report sexual abuse and sexual harassment (both internally and externally). Most residents could tell me about services offered outside of the facility through WAR. There were visible posters (in both English and Spanish) in the hallways, common areas, and living units of the facility.

Reviewed documentation:

- PREA Policy
- PREA Orientation Power Point
- Resident PREA Orientation Acknowledgement Form
- Resident Ten (10) Day Education Sign Off
- Resident 30/60/90 Day Education Sign Off
- Posters for Reporting and Education in Spanish and English
- Ten (10) resident files

Interviews:

- PREA Coordinator
- Staff person who performs Intake
- Caseworker who performs Ten (10) Day Education
- Random resident interviews

Standard 115.334: Specialized training: Investigations

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

115.334 (a)

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

115.334 (b)

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

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

115.334 (c)

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

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Auditor overall determination –meets standard

Instructions for Overall Compliance Determination Narrative

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The PREA Policy states that the Delaware County Juvenile Center does not conduct any internal investigations for allegations of sexual abuse. All allegations are forwarded to the Delaware County Criminal Investigative Division (CID). All administrative investigations are conducted by Pa. Child Line.

All staff members interviewed were aware that the Pa. Child Line complete all non-criminal sexual abuse and sexual harassment investigations. They were also knowledgeable on how to report allegations of sexual abuse and sexual harassment to Pa. Child Line.

There have been zero (0) cases of allegations during the past twelve (12) months. This was confirmed by phone with a representative from the Delaware County Criminal Investigative Division (CID).

Reviewed documentation to determine compliance:

- PREA Policy
- MOA with the Delaware County Criminal Investigative Division (CID)

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with Representative from CID

Standard 115.335: Specialized training: Medical and mental health care

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

115.335 (a)

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

115.335 (b)

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

115.335 (c)

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

115.335 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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DCJDC does not perform any forensic medical examinations. These are conducted at Riddle Hospital by SAFE/SANES. DCJDC has a MOU with Riddle Hospital and that was verified by this auditor. This auditor interviewed a nurse and a mental health caseworker contracted through the Child Guidance Clinic. Both had completed the on-line NIC PREA Training and the training the facility provides to all staff. The both received Mandated Reporter training. Both stated that they would immediately report allegations to their supervisor and document the allegation. Both stated the forensic examinations are not conducted at the detention center and that all examinations would be conducted by a SAFE/SANES at Riddle Hospital. The both had received training regarding the sexual abuse of juvenile victims and had also received training on the protection of forensic evidence.

This auditor received certificate of completion for the NIC PREA on-line course for all medical and mental health employees. This auditor also received the training log and verified that they completed the education provided to all employees.

Reviewed documentation to determine compliance:

- PREA Policy
- MOA with Riddle Hospital
- Employee Training Curricula

- NIC Specialized Medical Training On-Line Curriculum
- Training logs
- Certificates of Completion of NIC Medical Training

Interviews:

- Interview with Nurse
- Interview with Mental Health Caseworker

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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

115.341 (a)

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

115.341 (b)

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

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

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

115.341 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy addresses the use of the Vulnerability Assessment Instrument, Risk of Victimization, and/or Sexually Aggressive Behavior in that it shall be administered within seventy-two (72) hours of intake to obtain information about each resident's personal history and behavior to reduce the risk of sexual abuse by or toward a resident. The Vulnerability Assessment Instrument is used to obtain victimization or abusiveness, current charges, mental health and/or developmental status, and placement history. Living units and room assignments are made accordingly.

The staff who administer the instrument, the caseworkers, take into account the intake packet, conversations with parents, probation officers and caseworkers, and the psychosocial evaluation that is completed by the Child Guidance Center staff as part of every Intake. The Case Manager that was interviewed was the UAI as a guideline and uses a combination of developing a conversational rapport with the resident and asking direct questions. The Case Manager also conducts ten (10) day education at the same time and uses the education as a means to seek sensitive information. All completed Vulnerability Assessment Instruments are securely kept in the resident's file and have restricted access. Only the administrative staff, Child Guidance staff, nurse, and the caseworkers have access to the files. All pertinent and necessary information to keep the resident safe is placed on the housing unit.

Interviews with residents confirmed the screening assessment has been completed as noted in the above-mentioned policy, as well as all the residents stated they were asked questions when they first arrived as to whether they had ever been sexually abused, if they had any disabilities, or if they were fearful of sexual abuse at the facility. Ten (10) resident files were reviewed for documentation verifying the risk of assessments were being completed in a timely manner as per the policy.

Reviewed documentation to determine compliance:

- PREA Policy
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior
- Completed Vulnerability Assessment Instruments for ten (10) residents
- Review of resident files

Interviews:

- Interview with PREA Coordinator
- Interviews with Case Manager who completes the Vulnerability Assessment
- Interviews with residents

Standard 115.342: Use of screening information

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

115.342 (a)

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

115.342 (b)

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

115.342 (c)

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

115.342 (d)

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

115.342 (e)

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

115.342 (f)

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

115.342 (g)

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

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A for h and i if facility doesn’t use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn’t use isolation?) Yes No NA

115.342 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy pertaining to screening/assessing residents at intake states that residents who are determined as a potential risk will not be singled out, however will be closely monitored by the staff and their behavior will be evaluated throughout their stay by the Child Guidance staff and counselors through alert forms. Housing decisions for each youth will be based on the risks determined by the intake screen and Assessment Instrument, as well as any information ascertained through conversations during the intake process and medical and mental health screenings with the goal of keeping all residents safe and free from sexual abuse.

- a. Residents shall not be placed in particular housing based on identification alone or status. Nor shall identification or status be used as an indicator of possible sexual abusiveness.
- b. All housing placements will be made with the sole intention of ensuring the residents’ health and safety.
- c. Transgender or Intersex resident’s safety evaluation shall be reassessed every thirty (30) days to review any threats to safety and each transgender or intersex’s own views, with respect to his or her own safety, shall be given serious consideration.

- d. Transgender or Intersex resident shall follow the standard detention center operating procedures in regards to showering separately.

Isolation is not practiced and is prohibited by both the Delaware County Juvenile Detention Policy and the Pa. Department of Human Services 3800 Child Care Regulation.

This auditor interviewed the PREA Coordinator, and Case Managers who conducted risk screenings, stated that any residents who is identified as either vulnerable or aggressive on the risk screening is considered for housing in a room that would protect either that resident or the other residents. While on tour, this auditor observed this single room, which is separate from the other rooms and across from the staff office. This auditor also observed the bathrooms that have three single shower stalls with curtains. The girls' shower room also has a bathtub. Any resident who expresses a desire can be placed on shower alone status. The staff state that there is no specific or segregated housing units for LGBTI residents. Transgender or Intersex residents housing would be determined on a case-by-case basis and would be formally reviewed every thirty (30) days as well as on a daily basis. The residents' own views for their safety would be taken into account when making housing decisions as well as the safety and security of all residents.

There were no youth in the facility during the audit that identified themselves as LGBTI. Of the ten (10) resident files this auditor reviewed, none of the residents were identified as sexually vulnerable from the Vulnerability Assessment Instrument.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Department of Human Services 3800 Child Care Regulations
- Vulnerability Assessment of ten (10) residents.
- Housing Logs
- Shower Policy

Interviews:

- Interview with PREA Coordinator
- Interview with Case Manager who conducts risk screening
- Interviews with residents

REPORTING

Standard 115.351: Resident reporting

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

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No

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

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? Yes No

115.351 (c)

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

115.351 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy has established procedures for allowing multiple internal ways for residents to report privately to officials regarding sexual abuse and sexual harassment, and staff neglect. The documentation showed several ways for residents to report sexual abuse, sexual harassment, or retaliation. These are:

- Trusted staff member
- Facility Director
- Medical Personnel
- Any non-employee
- Grievance process
- Privately reporting to DHS Child Line
- Third parties including family members or attorneys

The PREA Policy contains all necessary information and provides for residents to make reports verbally, in writing, anonymously, and through third-parties. It mandates that staff accept resident reports in all these formats and that they document and report to Pa. Child Line and their supervisors immediately. The primary reporting mechanism is to an outside agency, W.A.R. There is an MOU with Delaware County Women Against Rape (WAR) that allows for victim advocacy, emotional support, and reporting. The hotline allows for receipt of the report and transmission to the facility anonymously if requested. Prior to the on-site visit, this auditor contacted and interviewed the Director of WAR via telephone and confirmed the services outlined in the MOU. This reporting method is posted throughout the center. The private hotline is located in the chapel. The hotline phone dials directly to a 24-hour sexual assault/abuse hotline and is accessible at request to all residents 24 hours daily. This process was verified by this auditor during the tour. All housing units are equipped with anonymous PREA reporting mailboxes which allow for confidential and discrete written reports. It is a locked box and is checked daily by the PREA Coordinator and/or caseworkers. The resident can also call Child Line and staff must place calls to Child Line as mandated reporters. The Pa. Department of Human Services 3800 Child Care Regulations require a grievance policy and that all residents and their parents receive it and acknowledge it. This is another avenue for reporting and is contained in every resident's case file and audited by Pa. BHSL. Residents can also call home, have visits twice a week with their parents and grandparents. Visits by Probation Officers, Caseworkers, and Attorneys are not limited and residents confirm they receive them.

All interviewed confirmed they have received information instructing them on how to report allegations of sexual abuse, sexual harassment, or retaliation. Additionally they understood the grievance process.

Staff members interviewed were also knowledgeable of the various ways residents and staff can report incidents of sexual abuse, sexual harassment, or retaliation. All staff members interviewed stated they would immediately document a verbal report, notify their supervisor, and contact the Pa. Child Line.

There were no residents at DCJDC solely for civil immigration purposes. However, during the interview with the Facility Director, it was determined they would provide the residents information on how to

contact relevant officials at the Department of Homeland Security to report sexual abuse and/or harassment.

Reviewed documentation to determine compliance:

- PREA Policy
- Grievance Policy
- Telephone Policy
- Visiting Policy
- Pa. Child Protective Services Law
- Pa. Bureau of Human Services 3800 Child Care Regulations
- Residents' Rights Form
- MOU with WAR
- Posters in facility

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with Director of WAR
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.352: Exhaustion of administrative remedies

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

115.352 (a)

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

115.352 (b)

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

115.352 (c)

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

115.352 (d)

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

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) Yes No NA

- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (f)

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

115.352 (g)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

There were no incidents of sexual abuse, sexual harassment, or retaliation filed using the grievance process in the past twelve (12) months. No grievances by residents or third-parties were filed alleging sexual abuse, harassment, or retaliation. The PREA Policy provides that grievances can be used to report sexual abuse or harassment, but residents are not required to use a grievance. If they do, they can do so without having to submit or refer to the staff involved in the grievance. The timelines for the resolution of the grievance are outlined in the policy and are within 48 hours if it is an emergency grievance. Residents cannot be disciplined for filing a grievance.

The Pa. Department of Human Services 3800 regulations require a grievance policy and notification and acknowledgement of such by both the resident and their parents/guardian. The Pa. BHSL, during their annual licensing inspection, inspects resident file for this signed acknowledgement by both resident and parent. This auditor reviewed ten (10) resident files and all contained notification of the grievance process.

Residents have been informed of the multiple ways they can report an allegation of sexual abuse, assault, or harassment. If a resident filed a grievance regarding sexual abuse, assault, or harassment, that report would be handled in the way it is prescribed in the policy. All residents interviewed could describe the steps they would take to protect a resident from threatened sexual abuse.

Reviewed documentation to determine compliance:

- PREA Policy
- Grievance Policy
- Pa. Department of Human Services 3800 Child Care Regulations
- Pa. Bureau of Human Services Licensing Annual Licensing and Inspection Summary
- Child's Right Form
- Grievance Form
- Files of ten (10) residents

Interviews:

- Interview with Agency PREA Coordinator
- Interview with randomly selected staff
- Interview with residents

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

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

115.353 (a)

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

115.353 (b)

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

115.353 (c)

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

115.353 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy outlines that the youth center will provide residents with access to confidential emotional support services through WAR. Posters in both English and Spanish are posted throughout the facility with the name, phone number and address for service. The education that the residents receive at different intervals throughout their stay also includes what services are offered and how to contact this agency to access the services.

Interviewed residents were aware of how to access outside agencies through hotlines; and all of them stated they would have access to a telephone if they needed to report anything. The residents interviewed were all able to describe the advocacy services offered to them through WAR if they would ever need them. All residents stated they received weekly telephone calls to their families and weekly visits. Probation officers, caseworkers, and attorneys are not subject to the visiting or telephone policy and can visit when it is convenient.

All staff interviewed were aware of how residents can access outside agencies through the hotlines.

MOU is in place with WAR, PCAR, and the services they offer. The MOU was reviewed by this auditor, and this auditor spoke to the WAR Director by telephone prior to the on-site audit to confirm the services offered in the MOU.

Reviewed documentation to determine compliance:

- PREA Policy
- Visiting Policy
- Telephone Policy
- English and Spanish posters for WAR in the facility
- Resident PREA Intake Brochures
- MOU with WAR

Interviews:

- Interview with PREA Coordinator
- Interview with WAR Director
- Interviews with randomly selected staff
- Interviews with residents

Standard 115.354: Third-party reporting

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

115.354 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy describes third-parties, including fellow residents, staff members, volunteers, contractors, family members, attorneys, outside advocates, and others, shall be accepted reporters of any sexual abuse and/or sexual harassment reports. DCJDC has established various methods to receive third-party reports of sexual abuse and sexual harassment which include reporting abuse forms located inside PREA Brochures that are provided to all third-parties and are accessible in the Detention Center Administration Lobby, as well as, on the County website.

Interviews with residents confirmed they are aware of who third-parties are. They were also aware that these individuals can report allegations or incidents of sexual abuse or sexual harassment on their behalf.

There were no incidents of third-party reporting during the past twelve (12) months. All staff members interviewed acknowledged that they would accept a third-party report of abuse in the same manner as if they had witnessed the abuse themselves.

Reviewed documentation to determine compliance:

- PREA Policy
- Delaware County Juvenile Detention Center website
- PREA posters

Interviews:

- Interviews with randomly selected staff
- Interviews with residents

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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

115.361 (a)

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

115.361 (b)

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

115.361 (c)

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

115.361 (d)

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

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? Yes No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? Yes No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? Yes No

115.361 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that all staff of the Delaware County Juvenile Detention Center must, immediately report any known or suspected act or allegation of sexual misconduct or retaliation to the administration through the appropriate chain of command. They must treat all reported incidents or prohibited conduct seriously and ensure that known or suspected acts or allegations of sexual misconduct are reported immediately and referred to the proper authorities.

There have been no incidents or reports of sexual abuse or sexual harassment in the past twelve (12) months. The PREA Policy, as well as the Pennsylvania Child Protective Services Act, require all staff to

immediately report any knowledge or suspicion of sexual abuse, sexual harassment, or retaliation. All staff are mandated reporters. All staff receive mandated reporter training as per the Pa. DHS 3800 Residential Child Care Regulations.

Interview with the Facility Director supported the protocol discussed in the above-mentioned policy. The Facility Director states the Pa. 3800 Child Care Regulations require a report within twenty-four (24) hours, documenting notification of the parent, guardian, probation officer, caseworker, and court. All staff interviewed knew that they must report to Pa. Child Line under penalty of law. Medical Nurse and Mental Health Caseworker, when interviewed, acknowledged that they are mandated reporters and knew that they must report to Pa. Child Line and to their supervisor.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Child Protective Service Law
- Training Logs
- Ps. Department of Human Services 3800 Residential Child Care Regulations
- PREA posters

Interviews:

- Interview with the Facility Director
- Interview with the PREA Coordinator
- Interviews with randomly selected staff
- Interview with the Nurse
- Interview with the Mental Health Caseworker

Standard 115.362: Agency protection duties

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

115.362 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy requires that when a staff member learns that a resident is subjected to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. There were zero (0) residents that the facility determined was subject to substantial risk of sexual abuse during the past twelve (12) months where a resident was at substantial risk of imminent sexual abuse. After review of the policy, interviews with the Facility Director, PREA Coordinator, and ten (10) random staff, this auditor believes that any report of imminent sexual abuse would be handled immediately and properly. All staff interviewed stated that the Facility Director or designee would be immediately informed; and the alleged aggressor and the alleged victim would be separated, supervision would be increased, and a written plan would be developed. All staff member stated they would act immediately. If the aggressor was a staff member, interview confirmed that the staff member would be removed or terminated.

Reviewed documentation to determine compliance:

- PREA Policy

Interviews:

- Interview with the Facility Director
- Interview with PREA Coordinator
- Interview with randomly selected staff

Standard 115.363: Reporting to other confinement facilities

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

115.363 (a)

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

115.363 (b)

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

115.363 (c)

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

115.363 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that upon receiving an allegation that a resident was sexually abused while confined at another facility, the Detention Center Administration shall notify the administrator of the facility where the alleged abuse occurred and shall also notify the Department of Human Services. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Any report filed by another agency to the Delaware County Juvenile Detention Center shall be investigated the same as any other incident that pertains to the PREA Policy and procedures. All allegations will be reported to the Pa. Child Line and documented, as well as, to the Delaware County CID. All other parties, parents, guardians, parole officers, and caseworkers will be immediately notified. There were no incidents that have required reports within the past twelve (12) months. Interview with the Facility Director confirmed this process. He stated that if they were to receive an allegation from a youth regarding another facility, he or his designee would call the facility to inform the Facility Director of the allegations, and follow up with a letter as well.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Child Protective Service Law

Interviews:

- Interview with the Facility Director

Standard 115.364: Staff first responder duties

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

115.364 (a)

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

115.364 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall act in accordance with the policy. The first staff member to respond to the scene shall be required to:

1. Separate the victim and alleged abuser
2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence
3. Request that alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, swimming, drinking, or eating
4. Take steps to prevent the alleged abuser from destroying evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating
5. Notify the Facility Director or designee and document the incident
6. Transport to Riddle Hospital

All staff interviewed could articulate the steps they would take as a first responder. Their responses were consistent with the PREA Policy.

There were no incidents during the past twelve (12) months at CVRTS INC. that required first responder actions.

Reviewed documentation to determine compliance:

- PREA Policy

Interviews:

- Interview with the Facility Director
- Interview with the PREA Coordinator
- Interviews with randomly selected staff

Standard 115.365: Coordinated response

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

115.365 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

There have been no incidents in the past twelve (12) months that require the use of the Coordinated Response. Interviews with the Facility Director, direct care staff, medical staff, and mental health staff indicated that each is knowledgeable of his/her responsibilities in regards to an incident or allegation of sexual assault. There is a sexual assault checklist that requires the staff person to check off each item such as notification of medical, administration, and documentation.

Reviewed documentation to determine compliance:

- PREA Policy
- Sexual Assault Checklist

Interviews:

- Interview with Facility Director
- Interview with the Nurse
- Interview with Mental Health Staff
- Interview with randomly selected staff

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

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

115.366 (a)

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

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that effective August 20, 2012, the Delaware County Juvenile Detention Center will not renew or enter into a collective bargaining unit agreement that limits the ability of the Detention Center to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

AFCSME DC88 is the Union representing the Juvenile Detention staff and the new contract was signed on February 8, 2017. There is nothing in the contract that prohibits the facility from removing an employee from contact with a resident who alleges sexual abuse or sexual harassment.

During the interview with the Facility Director, he stated that any time there is an allegation, a safety plan for the specific resident, and all the residents, is put into place; and this always includes removing the staff person from contact with the resident or residents depending upon the allegation. This procedure is also required by Pa. CPSL.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Child Protective Services Law
- Union Contract with AFSCME DC88

Interview:

- Interview with the Facility Director

Standard 115.367: Agency protection against retaliation

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

115.367 (a)

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

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? Yes No

115.367 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

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

115.367 (e)

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

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PREA Policy states the Delaware County Juvenile Detention Center shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations pertaining to sexual abuse and harassment from retaliation by other staff of residents.

Protective measures may include unit changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting abuse, sexual abuse, and/or sexual harassment or for cooperating with investigations. The PREA Policy requires that a staff person monitor retaliation of anyone who reports an incident of sexual abuse or cooperates in the investigation. The PREA Coordinator is the staff person charged with monitoring retaliation at DCJDC. Monitoring at the facility will continue for at least ninety (90) days following a report of sexual abuse. Items that will be monitored include any resident disciplinary

reports, unit or programming changes, negative performance reviews, and reassignments of staff. The facility shall continue such monitoring beyond ninety (90) days if the initial monitoring indicates a continuing need.

Interview with the PREA Coordinator indicated that anytime there is a report of sexual abuse, whether it is resident on residents or staff on resident, the Pa. 3800 Child Care Regulations require a safety plan which includes separation of the alleged perpetrator and victim. This could include changing a staff's work assignment or suspension. It could include moving the resident's room, unit or program. He stated that the facility would expect that actions would be taken immediately to ensure the resident or staff member was safe. It is the expectation of the facility that the resident would be monitored for at least ninety (90) days or until the resident's release from the facility. This is documented on the administrator's daily report.

There were zero (0) incidents of retaliation, known or suspected, during the past twelve (12) months at DCJCD.

Reviewed documentation to determine compliance:

- PREA Policy

Interview:

- Interview with PREA Coordinator

Standard 115.368: Post-allegation protective custody

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

115.368 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

PREA Policy states segregated housing of residents to keep them safe from sexual misconduct is not used and is prohibited, as a result, DCJDC does not use isolation. Interview with the Facility Director confirmed the prohibition of segregated housing for this purpose. During the tour of the facility, this auditor did not notice any places where a resident could be segregated or isolated.

Reviewed documentation to determine compliance:

- PREA Policy
- Tour of the facility
-

Interview:

- Interview with Facility Director

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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

115.371 (a)

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

115.371 (b)

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

115.371 (c)

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

115.371 (d)

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

115.371 (e)

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

115.371 (f)

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

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.371 (h)

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

115.371 (i)

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

115.371 (j)

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

115.371 (k)

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

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states any reports (direct, indirect, third-party) received involving sexual abuse and sexual harassment shall be reviewed by the facility administrator and/or PREA Coordinator to determine if an incident meets the minimum criteria under the guidelines established by Prison Rape Elimination Act. The incident shall be reviewed promptly, thoroughly and objectively. If the minimum criteria is met, the

allegations shall be reported to the Delaware County Detective (CID) who have been trained in sexual abuse investigations involving juvenile victims. There is a MOU with the Delaware County Detectives (CID). The facility does not conduct criminal or administrative investigations. Reports are made to law enforcement and Pa. Child Line. By law, the facility may not conduct or interfere with an investigation. The facility will gather information to report and to institute a safety plan as required by Pa. 3800 Child Care Regulations and the Delaware County Juvenile Detention Coordinated Response. If the allegation of sexual abuse was determined to be substantiated or unsubstantiated an Incident Review would also be conducted after the investigation was completed. Investigations are not to be terminated should the source of the allegation recants the allegation. The facility will report all allegations, even if the victim recants. All allegations, whether if a staff person is no longer employed at the facility, are reported.

There were zero (0) allegations of sexual abuse or sexual harassment during the past twelve (12) months. Interviews with the Facility Director and representative from the CID and Child Line confirmed the protocols in place for criminal and administrative investigations.

Reviewed documentation to determine compliance:

- PREA Policy
- MOU with Delaware County CID
- Pa. Child Protective Services Law

Interviews:

- Interview with Facility Director
- Interview with the PREA Coordinator
- Interview with representative from CID
- Interview with representative from Child Line

Standard 115.372: Evidentiary standard for administrative investigations

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

115.372 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states that the Delaware County Juvenile Detention Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A representative from the Pa. Department of Human Services confirmed this policy is followed for determining whether allegations of sexual abuse or sexual harassment are substantiated. The facility does not conduct investigations, nor do they substantiate allegations of sexual abuse. This is the jurisdiction of Pa. Child Line and law enforcement.

Reviewed documentation to determine compliance:

- PREA Policy

Interviews:

- Interview with Facility Director
- Interview with the PREA Coordinator
- Interview with representative from Pa. Child Line

Standard 115.373: Reporting to residents

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

115.373 (a)

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

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.373 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No

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

115.373 (d)

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

115.373 (e)

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

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states that juveniles who are currently in the custody of the detention center are entitled to know the outcomes of investigations of their allegations. The PREA Coordinator shall inform the juvenile whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications shall be documented. If the allegation involved a staff member, the PREA Coordinator shall inform the juvenile whenever the staff member is no longer posted within the juvenile's unit, when the staff member is no longer employed at the facility, when the staff member has been indicted on a charge related to sexual abuse within the facility, or when the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation involved another juvenile, the PREA Coordinator shall inform the alleged victim when the alleged abuser has been indicted on a charge related to sexual abuse within the facility or when the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The Facility Director and PREA Coordinator stated that the resident would be continually informed as to the ongoing status of the investigation, whether it was resident on resident or staff on resident. They stated that Pa. Child Line notifies the resident, parent/guardian, and the facility upon the completion of the investigation of the outcome. If Child Line is not involved, the facility would notify the resident and parent; and would document the notification. The notification would be documented on a Special Activity Report and on the Incident Review Reports.

The facility had no allegations of sexual abuse or sexual harassment during the past twelve (12) months.

Reviewed documentation to determine compliance:

- The PREA Policy
- Pa. Child Protective Services Law

Interview:

- Interview with the Facility Director
- Interview with the PREA Coordinator

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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

115.376 (a)

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

115.376 (b)

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

115.376 (c)

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

115.376 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states, the Delaware County Juvenile Detention Center has zero-tolerance for sexual misconduct between juveniles and any staff members. Sexual misconduct perpetrated by staff is contrary to the policies of the facility and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination. There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a resident by a person in a position of authority over the resident is a felony subject to criminal prosecution. Retaliation against a resident who refuses to submit to sexual activity, or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct, is also prohibited and possible grounds for disciplinary action including termination

and criminal prosecution. Failure of employees to report incidents of sexual misconduct is cause for disciplinary action up to and including termination.

The Pre-Audit Questionnaire indicated that there were no staff that were terminated (or resigned prior to termination) for violating the facility's sexual abuse or sexual harassment policies during the past twelve (12) months. Additionally, there were no staff disciplined for violations of the PREA Policy. This was confirmed during the interview with the Facility Director.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Protective Services Law

Interview:

- Interview with the Facility Director

Standard 115.377: Corrective action for contractors and volunteers

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

115.377 (a)

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

115.377 (b)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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PREA Policy states that any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with residents and the Delaware County Juvenile Detention Center facility and staff, and shall be reported to Delaware County CID for further investigation. The Pre-Audit Questionnaire indicated that there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse or sexual harassment of residents during the past twelve (12) months.

The Facility Director stated that the facility would immediately remove the contractor, or volunteer, from the facility, would contact Pa. Child Line or CID, and would not allow them to return until the completion of an investigation. There were no reported instances of sexual assault or sexual harassment by the approved contractors or volunteers during the past twelve (12) months; therefore, there was no documentation to review regarding this standard.

Reviewed documentation to determine compliance:

- The PREA Policy
- Pa. Child Protective Services Law

Interview:

- Interview with the Facility Director
- Interview with the PREA Coordinator

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?
 Yes No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? Yes No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? Yes No

115.378 (c)

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

115.378 (d)

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

115.378 (e)

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

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.378 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA Policy states that the Delaware County Juvenile Detention Center has a zero-tolerance for any resident that violates the detention center policies on sexual abuse or sexual harassment. Any resident that violates these policies is subject to disciplinary sanctions commensurate with the nature and circumstances of the incident. Consideration will be taken into the nature and circumstances of the incident, resident history, mental health or disabilities, and precedent of sanctions imposed under similar circumstances. If criteria are met presenting criminal actions, reports may be referred to the District Attorney for prosecution. Residents are subjected to disciplinary sanctions for contact with staff if upon investigation it is determined that the staff member did not consent to such contact. Disciplinary action must be administered in a fair, impartial, and expeditious manner. Consideration must also be given to providing the offending resident therapy, counseling, or other interventions for the abuse.

There were no substantiated allegations of sexual abuse during the past twelve (12) months. However, in the event of a substantiated allegation of resident-on-resident sexual abuse or sexual harassment, the perpetrator would be sanctioned within the program rules. All residents sanctioned would be afforded daily recreation, therapy, counseling, or other interventions designed to address and correct underlying issues. DCJDC does not use isolation or segregation as a disciplinary measure.

Interview with the Facility Director and the PREA Coordinator confirmed if there was an incident where residents alleged to have violated any rules pertaining to sexual misconduct, they are sanctioned within the program rules. They also confirmed that DCJDC does not use isolation and the underlying issues related to the incident would be addressed in therapy. They also stated that a resident making a report in good faith cannot be disciplined according to facility policy.

Reviewed documentation to determine compliance:

- PREA Policy
- Pa. Child Protective Services Law
- Pa. Department of Human Services 3800 Child Care Regulations

Interview:

- Interview with Facility Director

- Interview with PREA Coordinator
- Interview with Mental Health Caseworker

MEDICAL AND MENTAL CARE

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

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

115.381 (a)

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

115.381 (b)

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

115.381 (c)

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

115.381 (d)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy describes in detail that if a resident's intake assessment indicates that he/she has experienced any prior sexual victimization or has perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the resident will be offered a follow-up meeting with the detention center's psychologist, psychiatrist, and/or mental health worker contracted through Child Guidance Clinic within fourteen (14) days of the intake screening. Documentation of such shall be noted on the resident's Vulnerability Assessment Instrument. Anytime an allegation of sexual abuse occurs, the resident will be taken to Riddle Hospital to be seen by a SANE nurse without financial cost to the resident. Upon return from the hospital, the detention center's nurse is to assess for any lingering acute or non-acute physical injuries, as well as any psychological impact of the victimization.

The policy and practice requires every resident who is admitted to be seen by the nurse upon admission and also the Master's level Mental Health Therapist from the Child Guidance Clinic. Additionally, once a week, an Adolescent Medical Specialist meets with every new admission and conducts an assessment, completes STD and pregnancy testing, as well as, sex education.

During interviews the Facility Director and intake staff indicated they were aware that residents reporting prior sexual victimization or prior sexual aggression are to be referred for a follow up meeting with medical and mental health staff. They related that services that are offered include evaluations, developing a treatment plan, and offering on-going services. They were also aware that the residents have the right to refuse a follow up meeting.

A review of ten (10) resident files noted there were no current residents at DCJDC who have disclosed prior victimization during screening. If a resident discloses prior victimization during the screening, a safety plan is developed to keep the resident safe at the facility.

Reviewed documentation to determine compliance:

- PREA Policy
- Vulnerability Assessment Instrument
- Log of Admissions
- Secondary Medical Documentation
- Files of ten (10) residents

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with the Nurse
- Interview with Mental Health Caseworker
- Interview with Intake Staff

Standard 115.382: Access to emergency medical and mental health services

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

115.382 (a)

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

115.382 (b)

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

115.382 (c)

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

115.382 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PREA Policy requires that any resident who requires emergency services will be taken to Riddle Hospital for a Forensic Medical Exam. As part of the response, staff would first protect the resident and then immediately to medical. Medical staff would assess the situation and determine the extent and nature of services needed based on their professional judgement or staff would call 911. This would be done immediately and would be free of charge to the resident. DCJDC is a coed facility so all residents are offered STD testing and follow-up. All female residents, upon admission, are offered pregnancy testing and information and access to all lawful pregnancy related services. This is conducted by the Adolescent Medical Specialist. Interviews with the Nurse and the Mental Health Caseworker confirmed the policy.

There were no incidents of sexual abuse or sexual assault, as defined in the PREA standards, occurring at DCJDC during this audit period and therefore there was no documentation to review.

Interview with the Facility Director and the PREA Coordinator confirmed that resident victims of sexual abuse are provided timely and unimpeded access to emergency services at no cost to the victim. This was confirmed by this auditor by reviewing the MOA with Riddle Hospital.

Reviewed documentation to determine compliance:

- PREA Policy
- MOU with Riddle Hospital

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with Nurse
- Interview with Master's level Mental Health Caseworker
- Interview with randomly selected staff

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

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

115.383 (a)

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

115.383 (b)

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

115.383 (c)

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

115.383 (d)

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

115.383 (e)

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

115.383 (f)

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

115.383 (g)

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

115.383 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PREA Policy states that residents will be offered a follow-up meeting with the detention center's psychologist, psychiatrist, and/or mental health caseworkers contracted through the Child Guidance Clinic within fourteen (14) days of the intake screening. Victims of sexual abuse, while at the facility, are offered tests for transmitted diseases as medically appropriate treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident. Any resident or resident offender will be assessed and offered follow-up counseling that will be on-going within sixty (60) days of learning of such an abuse history, but usually the same day as learning of it.

Interview with the Facility Director confirmed the above-mentioned process occurs as detailed in this standard. In addition, she stated the level of the care that a resident receives is consistent with the community level of care.

Reviewed documentation to determine compliance:

- PREA Policy

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator
- Interview with Nurse
- Interview with Mental Health Caseworker

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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

115.386 (a)

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

115.386 (b)

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

115.386 (c)

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

115.386 (d)

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

115.386 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states within 30 days of the conclusion/receipt of a sexual abuse investigation, the facility shall conduct a Sexual Abuse Incident Review of all allegations (Substantiated or Unsubstantiated), unless the allegation has been determined to be Unfounded. Reviews must be completed by a team of staff, upper-level management officials, and must include input from supervisors, investigators, and medical staff. In addition, the Review Team must:

1. Consider whether the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by perceived race, ethnicity, sex, gender identity, sexual orientation, status, gang affiliation, or motivated by other group dynamics at the facility.
3. Examine the area of the facility where the incident allegedly occurred to assess whether the physical layout may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement and submit such a report to the Facility Director.
7. The facility must implement the recommendations for improvement or must document its reasons for not doing so.

The facility PREA Coordinator stated the Incident Review Team consists of upper level management officials. A member of the Incident Review Team was interviewed during the on-site portion of this audit and was able to describe the review process that would take place in the event an allegation of sexual abuse was either Substantiated or Unsubstantiated. He stated the Incident Review Team would convene within thirty (30) days upon the completion of an investigation. Recommendations would include examining the need to change a policy or practice to better prevent, detect, or respond to sexual abuse or sexual harassment. This Sexual Abuse Incident Review is headed by the Facility Director.

There were no incidents within the past twelve (12) months that have required an incident review. All PREA Sexual Abuse Incident Reviews and findings are incorporated into the Annual Report by the Facility Director.

Reviewed documentation to determine compliance:

- PREA Policy
- PREA Sexual Abuse Incident Review Template

Interviews:

- Interview with the PREA Coordinator
- Interview with Incident Review Team member

Standard 115.387: Data collection

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

115.387 (a)

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

115.387 (b)

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

115.387 (c)

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

115.387 (d)

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

115.387 (e)

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

115.387 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that DCJDC collects uniform data for all allegations of sexual abuse based on incident reports, investigation files, and incident reviews. The PREA Coordinator shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Upon request, DCJDC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

An interview with the facility PREA Coordinator indicated that he keeps detailed records to generate his annual report and/or data required by the United States Department of Justice. There were no allegations of sexual abuse during the past twelve (12) months. The facility has submitted the Annual Sexual Violence form and has it posted on its website.

Reviewed documentation to determine compliance:

- PREA Policy
- 2019 Annual PREA Report
- DOJ 2019 Annual Survey

Interview:

- Interview with Facility Director
- Interview with PREA Coordinator

Standard 115.388: Data review for corrective action

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

115.388 (a)

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

115.388 (b)

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

115.388 (c)

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

115.388 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy states that DCJDC shall meet, no less than annually, to review information collected from all Sexual Abuse Incident Reviews and aggregated data included on the Survey of Sexual Violence Summary in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including:

1. Identifying problem areas
2. Taking corrective action on an on-going basis
3. Preparing an annual report of its findings and corrective actions for DCJDC.

Such a report shall include a comparison of the current year's data and corrective actions with those from the prior years and shall provide an assessment of DCJDC's progress in addressing sexual abuse.

The annual report shall be approved by the Director of the detention center and made readily available to the public through the county website. Specific material is redacted from the reports when publication would

present a clear and specific threat to the safety and security of the program but must indicate the nature of the material redacted. The most recent Annual PREA Report (2019) is posted on the county website and was reviewed by this auditor.

Upon request, the agency provides all program specific data from the previous calendar year to the Department of Justice in the form of the Survey of Sexual Victimization. This survey was completed By the Agency PREA Coordinator and posted on the agency website (most recent survey from 2017).

Reviewed documentation to determine compliance:

- PREA Policy
- PREA Annual Report (2019)
- Delaware County Juvenile Detention website

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator

Standard 115.389: Data storage, publication, and destruction

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

115.389 (a)

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

115.389 (b)

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

115.389 (c)

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

115.389 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The PREA Policy requires that aggregated sexual abuse data is made readily available to the public at least annually through the county website. Data collected is retained for ten (10) years after the initial collection, unless Federal, State, or local law requires otherwise.

The facility's Annual PREA Report is reviewed and approved by the Facility Director and made available to the public through its website. The A PREA Coordinator noted that no personally identifiable information is included in the report. The most recent Annual PREA Report (2019) is posted on the county website and was reviewed by this auditor.

Reviewed documentation to determine compliance:

- PREA Policy
- PREA Annual Report (2019)
- Delaware County Juvenile Detention website

Interviews:

- Interview with Facility Director
- Interview with PREA Coordinator

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note:*

The response here is purely informational. A "no" response does not impact overall compliance with this standard.) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Delaware County Juvenile Detention Center was first audited on March 16 – 17, 2015 during the first year of the first three-year cycle. The facility was audited on June 20 - 21, 2017 and was found to be fully compliant on September 23, 2017. This audit report is posted on the county website. This re-audit occurred during the first year of the 3rd three-year PREA cycle on January 23 – 24, 2020.

The facility provided all requested information via e-mail. The audit notification was posted more than six (6) weeks prior to the on-site portion of this audit (posted on December 9, 2019), and pictures of the notifications posted in all common areas, living units, and the front entrance were submitted to the auditor via email. During the tour of the facility, the notifications were still posted and viewed by this auditor. This auditor did not receive any correspondence from staff or residents. This auditor was permitted to and did tour all areas of the facility; and was provided a private and confidential area of the facility to complete interviews of residents and staff.

The facility has met this standard by having its facility audited during the first 3-year cycle. The report is posted on the county website.

Reviewed documentation to determine compliance:

- Pre-Audit Questionnaire
- Tour of facility
- County website

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Final PREA audit report from the first cycle is posted on the county website. The final PREA report was posted within ninety (90) days of issuance by the auditor. This was confirmed by reviewing the county website and an interview with the facility PREA Coordinator.

Reviewed documentation to determine compliance:

- County website

Interview:

- Interview with PREA Coordinator

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Farooq Mallick

02/19/2020

Auditor Signature

Date

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

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